State of Tennessee
DEPARTMENT OF CORRECTION
WEST TENNESSEE STATE PENITENTIARY
P.O. BOX 1150
HENNING, TENNESSEE 38041-1150
TELEPHONE (731) 738 – 5044 FAX (731) 738 – 5947

SEXUAL ASSAULT AWARENESS HANDBOOK RECEIPT

I, Boaz Pleasant Bey 473110
Inmate name TDOC Number

Do hereby acknowledge that I have received a copy of the Tennessee Department of Corrections Sexual Assault Awareness Handbook.

Inmate Signature 2/17/11
Date

RC Henning 2/17/11
Staff Member Signature Date

N11

TENNESSEE DEPARTMENT OF CORRECTION

ORIENTATION ACKNOWLEDGMENT

SCANNED

NECX
INSTITUTION

OFFENDER NAME: B. PLEASANT - BEY TDOC#: 473110

I have completed the orientation program/unit of this institution. I have been advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☑ SPECIFIC UNIT RULES AND REGULATIONS *(CHECK ONLY IF APPLICABLE)*
- ☑ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- ☑ TDOC INMATE RULES AND REGULATIONS
- ☑ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS *(CHECK ONLY IF APPLICABLE)*

I have viewed:

- ☑ VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ☐ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

Offender Signature	11/20/15 Date
Offender Representative	11-20-15 Date
Correctional Counselor	11-20-15 Date
Classification Coordinator	11-20-15 Date
Clinical Service Designee	11/20/15 Date
Associate Warden of Treatment/Chief Counselor	11/20/15 Date

CR-2110 (Rev 12-14) *Duplicate as Needed* RDA 1100

Distribution: Original – Inmate Institutional Record

SCANNED

NII

TENNESSEE DEPARTMENT OF CORRECTION

ORIENTATION ACKNOWLEDGMENT

SCANNED

NECX
INSTITUTION

OFFENDER NAME: B. PLEASANT - BEY TDOC#: 473110

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- ☐ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

Offender Signature	11/20/15 Date
Offender Representative	11-20-15 Date
Correctional Counselor	Date
Classification Coordinator	Date
Clinical Service Designee	Date
Associate Warden of Treatment/Chief Counselor	Date

CR-2110 (Rev. 12-14) *Duplicate as Needed* RDA 1100

Distribution: Original – Inmate Institutional Record

7-56

TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

SCANNED

N.E.C.X
INSTITUTION

INMATE NAME: B. Pleasant-Bey TDOC #: 473110

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- ☑ INSTITUTIONAL RULES AND REGULATIONS
- ☑ SPECIFIC UNIT RULES AND REGULATIONS

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- ☑ TDOC INMATE RULES AND REGULATIONS
- ☑ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS

Boaz Pleasant-Bey
Inmate Signature — 9-27-13 Date

Jerry N. Carpenter
Inmate Representative — 9-27-13 Date

IRCA. Lewis
Staff Member Signature — 9-27-13 Date

CR-2110 (Rev. 3-01) *Duplicate as Needed* RDA 1100
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TENNEESSEE DEPARTMENT OF CORRECTION WCFA
MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING

HCCF
INSTITUTION

Pleasant-Bey, B
INMATE NAME (Please Print)

473110
NUMBER

Woods, Kizzie
STAFF MEMBER(S) (Please Print)

2/22/2013
DATE

Complete the following screening using information obtained from the inmate's health record, TOMIS record and/or interview. File in Unit File - Section VI.

SEXUAL VICTIM FACTORS

		YES	NO
1.	Former victim of institutional *(prison or jail)* rape or sexual assault	☐	☐
2.	Youthful Age (25 or younger) or elderly (60 or older) 29	☐	☑
3.	Small in physical stature *(less than 5'5" and/or less than 150 lbs)*	☐	☑
4.	Developmental disability/mental illness/medical issues	☐	☑
5.	First incarceration ever *(prison or jail)*	☐	☑
6.	Homosexual/Bi-sexual/Effeminate	☐	☑
7.	History of prior sexual victimization	☐	☑
8.	History of facility consensual sex	☐	☑
9.	Prior history of protective custody *(adult or juvenile)*	☐	☑
10.	Conviction for sex offenses against an adult or child	☑	☐

Is the offender found to be a:

☐ **VICTIM** - If question #1 is answered yes, the offender is classified as a victim regardless of the other questions.

☐ **POTENTIAL VICTIM** - If 3 or more of questions #2 – 10 are checked, the offender is classified as a **potential victim.**

☑ **N/A** - If 2 or less of questions # 2-10 are checked, the classification designations are Not Applicable (N/A).

Do you recommend another victim finding level? ☐ YES ☑ NO

If yes, which level is recommended? ☐ Potential Victim ☐ N/A ☐ Monitoring ☐ YES ☐ NO

Explanation: _____

CR-3638 (Rev. 04-11) DUPLICATE AS NEEDED

CCF 000286

MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING
continued

HCCF
INSTITUTION

Pleasant-Bay 473110

SEXUAL AGGRESSOR FACTORS

		YES	NO
1.	Any history of institutional *(prison or jail)* sexual aggressor behavior	☐	☒
2.	Current or prior rape conviction	☒	☐
3.	Any history of sexual abuse/sexual assault toward others	☐	☒
4.	Any history of physical abuse toward others	☐	☒
5.	Any history of domestic violence toward others	☐	☒
6.	Confirmed gang affiliation	☐	☒

Is the offender found to be a:

☐ **SEXUAL AGGRESSOR** - If question #1 is yes, the offender is classified as a **sexual aggressor** regardless of the other questions.
Any inmate classified as SEXUAL AGGRESSOR is to be monitored quarterly for a minimum of one calendar year and is to be re-evaluated for monitoring purposes at annual re-class.

☐ **POTENTIAL SEXUAL AGGRESSOR** - If 2 or more of questions #2 - 6 are checked the offender is classified as a **potential sexual aggressor**.

☒ **N/A** - If 1 or less of questions # 2- 6 are checked, the classification designations are Not Applicable (**N/A**).

Do you recommend another aggressor finding level? ☐ YES ☒ NO

If yes, which level is recommended?
☐ Potential Sexual Aggressor ☐ N/A ☐ Monitoring ☐ YES ☐ NO

☐ **LS/CMI Review (if available)** especially sections 1.8 and sections 2 (perpetrator and victim) and section 4 (other client issues).

Explanation: _____

Mitch Bradshaw
Assistant Warden
Deputy Warden or Designee/Approval

4-23-13
DATE

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 7 of 200 PageID #: 1207

TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

WCFA
INSTITUTION

INMATE NAME: Boaz Pleasant-Bey TDOC #: 473110

I have completed the orientation program of this institution. I have been further advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☒ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS
- ☒ PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a **revised** copy of:

- ☐ TDOC INMATE RULES AND REGULATIONS
- ☐ INSTITUTIONAL RULES AND REGULATIONS
- ☐ SPECIFIC UNIT RULES AND REGULATIONS

Inmate Signature — 6/10/13 Date

Inmate Representative — 6-10-13 Date

Staff Member Signature — 6/11/2013 Date

CR-2110 (Rev. 1-10) *Duplicate as Needed* RDA 1100
Distribution: Original – Inmate Institutional Record

EMERGENCY NOTIFICATION FORM

INMATE NAME: Boaz Pleasant-Bey

INMATE TDOC: 473110

Contact in Case of an Emergency

NAME: Elihu Pleasant-Bey

RELATIONSHIP: Father

ADDRESS: 542 East 5th Avenue

Kenbridge, VA 23944

TELEPHONE NUMBER: 434-676-1555

COMMENTS:

DISTRIBUTION: INMATE INSTITUTIONAL FILE

TENNEESSEE DEPARTMENT OF CORRECTION
MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING

HCCF
INSTITUTION

BOAZ PLEASANT-DEY
INMATE NAME (*Please Print*)

473110
NUMBER

C.M. L. Woods
STAFF MEMBER(S) (*Please Print*)

2-1-12
DATE

Complete the following screening using information obtained from the inmate's health record, TOMIS record and/or interview. File in Unit File - Section VI.

SEXUAL VICTIM FACTORS

		YES	NO
1.	Former victim of institutional *(prison or jail)* rape or sexual assault	☐	☑
2.	Youthful Age (25 or younger) or elderly (60 or older) 28	☐	☑
3.	Small in physical stature (*less than 5'5" and/or less than 150 lbs)*	☐	☑
4.	Developmental disability/mental illness/medical issues	☐	☑
5.	First incarceration ever *(prison or jail)*	☑	☐
6.	Homosexual/Bi-sexual/Effeminate	☐	☑
7.	History of prior sexual victimization	☐	☑
8.	History of facility consensual sex	☐	☑
9.	Prior history of protective custody (*adult or juvenile*)	☐	☑
10.	Conviction for sex offenses against an adult or child	☑	☐

Is the offender found to be a:

☐ **VICTIM** - If question #1 is answered yes, the offender is classified as a **victim** regardless of the other questions.

☐ **POTENTIAL VICTIM** - If 3 or more of questions #2 – 10 are checked, the offender is classified as a **potential victim**.

☑ **N/A** - If 2 or less of questions # 2-10 are checked, the classification designations are Not Applicable (**N/A**).

Do you recommend another victim finding level? ☐ YES ☑ NO

If yes, which level is recommended? ☐ Potential Victim ☐ N/A ☐ Monitoring ☐ YES ☐ NO

Explanation: _____

MALE SEXUAL AGGRESSOR/SEXUAL VICTIM CLASSIFICATION SCREENING

continued

MCCF.

INSTITUTION

B. Bey.

SEXUAL AGGRESSOR FACTORS

		YES	NO
1.	Any history of institutional *(prison or jail)* sexual aggressor behavior	☐	☑
2.	Current or prior rape conviction	☑	☐
3.	Any history of sexual abuse/sexual assault toward others	☑	☐
4.	Any history of physical abuse toward others	☑	☐
5.	Any history of domestic violence toward others	☐	☑
6.	Confirmed gang affiliation	☐	☑

Is the offender found to be a:

☐ **SEXUAL AGGRESSOR** - If question #1 is yes, the offender is classified as a **sexual aggressor** regardless of the other questions.
Any inmate classified as SEXUAL AGGRESSOR is to be monitored quarterly for a minimum of one calendar year and is to be re-evaluated for monitoring purposes at annual re-class.

☑ **POTENTIAL SEXUAL AGGRESSOR** - If 2 or more of questions #2 – 6 are checked, the offender is classified as a **potential sexual aggressor**.

☐ **N/A** - If 1 or less of questions # 2- 6 are checked, the classification designations are Not Applicable (**N/A**).

Do you recommend another aggressor finding level? ☐ YES ☑ NO

If yes, which level is recommended?
☐ Potential Sexual Aggressor ☐ N/A ☐ Monitoring ☐ YES ☐ NO

☐ **LS/CMI Review (if available)** especially sections 1.8 and sections 2 (perpetrator and victim) and section 4 (other client issues).

Explanation: _____

Roni Kendig
Deputy Warden or Designee/Approval

6-15-12
DATE

SEXUAL VIOLENCE SCREENING TOOL

Inmate Name	PLEASANT-BEY, BOAZ	ID Number	473110

Inmate/Resident Interview:

Section I:

Question	Response	
Have you been the victim of a prior sexual assault or unwelcome activity while incarcerated?	YES	(NO)
Do you have a previous conviction of sexual assault in a prison or jail?	YES	(NO)
Have you received a disciplinary sanction for sexual violence or sexual misconduct while incarcerated in a prison or jail?	YES	(NO)
Do you have a **current or prior** conviction of abuse, neglect, or rape of a child or elder?	YES	(NO)

If the inmate/resident answers "yes" to any of the questions above in Section I, discontinue the screening process and immediately refer the inmate/resident to Classification/Unit Staff & Health Services for further evaluation and screening.

Section II:

Question	Response	
Have you ever been approached by another inmate/resident for sex while incarcerated?	YES	(NO)
Have you ever been threatened with sexual assault by another inmate/resident while incarcerated?	YES	(NO)
Do you feel you are unable to defend yourself while incarcerated?	YES	(NO)
Have you been a victim of property theft in the last three months?	YES	(NO)
Have you ever been sexually active with another inmate/resident while incarcerated?	YES	(NO)

If the inmate/resident answers "yes" to three (3) or more of the questions above in Section II, discontinue the screening process and immediately refer the inmate/resident to Classification/Unit Staff & Health Services for further evaluation and screening.

Observation/File Review:

Listed below are additional factors to consider during the screening process. Regardless of answers in Sections I and II above, if you feel that any combination of these factors warrant additional screening and evaluation, refer the inmate/resident to Classification/Unit Staff & Health Services immediately.

- Inmate/resident appears to be mentally disabled or disoriented. NO
- Inmate/resident has a small build or appears to be vulnerable. NO
- Inmate/resident appears to be a loner, introverted, or naïve. NO
- Inmate/resident shows unusual interest in or focus on a specific inmate/resident at this facility. NO
- Inmate/resident is under thirty (30) years old or was initially incarcerated while still a minor (21) YES
- Inmate/resident is a first time offender or has been incarcerated for fewer than two (2) continuous years prior to arrival. YES
- Inmate/resident has a security threat group affiliation or a reputation for institutional aggression and violence. NO

Screener's Printed Name	[illegible]	Title	CM
Screener's Signature	[illegible]	Date	7-22-11

cc: Inmate/Resident File

6/16/08

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TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

H.C.C.F.
INSTITUTION

INMATE NAME: PLEASANT-BEY, BOAZ TDOC #: 473110

I have completed the orientation program of this institution. I have been further advised of the programs, activities and privileges available to me.

I have been issued a copy of:

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- ☐ SPECIFIC UNIT RULES AND REGULATIONS
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- ☐ SPECIFIC UNIT RULES AND REGULATIONS

Inmate Signature — 3-21-11 Date

G. Ross
Inmate Representative — 3-21-11 Date

Staff Member Signature — 3-21-11 Date

CR-2110 (Rev 3-07) ***Duplicate as Needed*** RDA 1100
Distribution: Original – Inmate Institutional Record

TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

W T. SP
INSTITUTION

INMATE NAME: Boaz Pleasant-bey TDOC #: 473110

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- ☐ SPECIFIC UNIT RULES AND REGULATIONS

Inmate Signature — Date: 2/17/11

TIMOTHY INGRAM
Inmate Representative — Date: 2/17/11

IRC HENNING
Staff Member Signature — Date: 2/17/11

CR-2110 (Rev. 1-10) *Duplicate as Needed* RDA 1100

TENNESSEE DEPARTMENT OF CORRECTION

RELIGIOUS DIET CANCELLATION REQUEST

NECX
INSTITUTION

I, Boaz Pleasant-Bey
Inmate Name (*Printed*)

473110
Inmate Number

request that my religious diet be cancelled immediately. I understand that I must apply for readmission to the program, and readmission may not occur for up to thirty (30) days. I understand that repeated withdrawals may result in a waiting period for up to ninety (90) days for readmission unless a change of religious affiliation is approved.

Boaz Pleasant-Bey
Inmate Signature

8/29/17
Date

M. L. Wadley
Chaplain Signature

8/31/17
Date

Distribution: Chaplain Warden Food Service Manager Inmate File, Inmate

CR-3813 ***Duplicate As Needed*** RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

ORIENTATION ACKNOWLEDGMENT

MECX
INSTITUTION

SCANNED

OFFENDER NAME: Pleasant Bay TDOC#: 473110

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I have viewed:

- ☐ VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ☐ ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

Offender Signature	10-31-16 Date
Offender Representative	10-31-16 Date
Correctional Counselor (C2)	10-31-16 Date
Clinical Service Designee	10/31/16 Date
Associate Warden of Treatment/Chief Counselor	10-31-16 Date

CR-2110 (Rev. 09-16) ***Duplicate as Needed*** RDA 1100

Distribution: Original – Inmate Institutional Record

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Boaz Pleasant-Bey N/14

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LS/CMI™

Level of Service/Case Management Inventory

By D. A. Andrews, Ph.D., J. L. Bonta, Ph.D., & J. S. Wormith, Ph.D.

Profile Report

Name:	**Boaz Pleasant-bey**
ID Number:	00473110
Assessment Age:	33
Gender:	Male
Interviewer:	Perriann Stanley
Reason for Assessment:	Institution: Classification
Interview Date:	October 03, 2016 (Online)

Client-Based/Clinical Override: No

Administrative/Policy Override: No

REC: PSLS

MHS

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P.O. Box 950, North Tonawanda, NY 14120-0950
3770 Victoria Park Ave., Toronto, ON M2H 3M6

ver. 2.1

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Introduction

The LS/CMI is a risk and need assessment tool. This report summarizes the results of the LS/CMI administration and provides information pertinent to the assessment of the individual. The results of this inventory can be used in formulating a case management plan for Boaz Pleasant-bey. See the LS/CMI User's Manual, published by MHS, for more information about this instrument and its applications.

Caution: This computerized report is an interpretive aid and should not be given to the client. The LS/CMI is not intended to be the only instrument used to assess the level of service required by an individual, nor is the LS/CMI to be used as a substitute for sound judgement that utilizes various sources of information.

Offender History Information

Boaz Pleasant-bey is a 33-year-old, male offender who was assessed by Perriann Stanley on October 03, 2016. The context of this assessment was classification. The following information summarizes Boaz Pleasant-bey's offence history.

Criminal History Sources

The following sources were listed for this assessment:
1. See LHSM
2.
3.

Current Offence(s)

No current offences were recorded.

Total aggregate sentence: No information was provided concerning Boaz Pleasant-bey's total aggregate sentence.

Prior Offence(s)

No prior offences were recorded.

Circumstances of Current Offence(s)

No information regarding the circumstances of the current offence was recorded.

Co-accused

No information regarding co-accused was recorded.

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Court Disposition and Recommendations/Probation Conditions

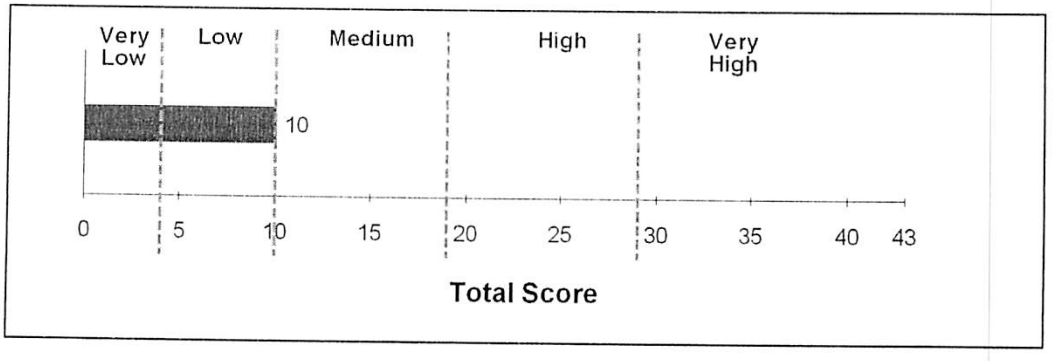
No court dispositions or recommendations were recorded.

Section 1: General Risk/Need Factors

The General Risk/Need score reflects the literature's "big eight" risk/need factors (i.e., Criminal History, Education/Employment, Family/Marital, Leisure/Recreation, Companions, Alcohol/Drug Problem, Procriminal Attitude/Orientation, and Antisocial Pattern). The General Risk/Need score can be used in determining Boaz Pleasant-bey's level of supervision.

LS/CMI General Risk/Need Total Score

The graph below displays Boaz Pleasant-bey's General Risk/Need Total score and indicates the classification level associated with that score.



General Risk/Need Assessment Based on General Risk/Need Total Score

The General Risk/Need Total score of 10 places Boaz Pleasant-bey in the Low risk/need level. Based on past research with other inmates in the Low risk/need level, Boaz Pleasant-bey has approximately a 6% chance of recidivating (i.e., being re-incarcerated within one year). The following guidelines represent some supervision options: Consider early release or community residential placement.

Comparison to North American Adult Male Inmates

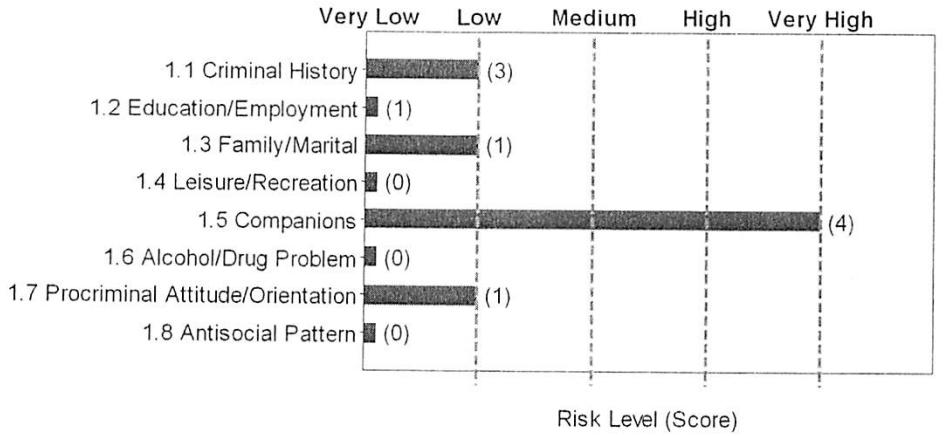
Boaz Pleasant-bey's score is as high or higher than 6.9% of the normative group* of Adult Male Inmates in North America.

*Note: For details on the normative group, see chapter 4 of the LS/CMI User's Manual.

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Assessment of General Risk/Need Factors

The graph below displays Boaz Pleasant-bey's risk level for each General Risk/Need subcomponent.



Profile Summary

4 subcomponents were assessed as Very Low risk:
1.2 Education/Employment
1.4 Leisure/Recreation
1.6 Alcohol/Drug Problem
1.8 Antisocial Pattern

3 subcomponents were assessed as Low risk:
1.1 Criminal History
1.3 Family/Marital
1.7 Procriminal Attitude/Orientation

No subcomponents were assessed as Medium risk.

No subcomponents were assessed as High risk.

One subcomponent was assessed as Very High risk:
1.5 Companions

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General Risk/Need Subcomponent Areas of Strength

Each of the eight General Risk/Need subcomponents has been judged by the assessor as to whether or not it represents an area of strength for Boaz Pleasant-bey. Research has shown that some conditions (i.e., strengths), by virtue of their presence, may serve as protective factors and actively reduce the chances of antisocial conduct. A subcomponent rated as a strength indicates that the circumstances of level of functioning for that subcomponent are so positive that they may reduce the influence of existing risk factors. Boaz Pleasant-bey's strengths should be built upon in service planning.

No subcomponents were identified as areas of strength for Boaz Pleasant-bey.

Details Regarding Subcomponent Risk/Need

This is a list of all endorsed items as well as any notes relating to the subcomponent. An item is considered to be endorsed if it received a "Yes" rating or a rating of 0 or 1 on the following rating scale:

3 A satisfactory situation with little opportunity or need for improvement.
2 A relatively satisfactory situation, with some room for improvement evident.
1 A relatively unsatisfactory situation with a need for improvement.
0 A very unsatisfactory situation with a very clear and strong need for improvement.

1.1 Criminal History

1. Any prior youth dispositions or adult convictions: Yes. Number of Youth dispositions: 0. Number of Adult convictions: 1.
6. Ever incarcerated upon conviction: Yes.
7. Ever punished for institutional misconduct or a behavior report: Yes. Number of times punished for institutional misconduct: 8.

Notes: No notes were recorded for this subcomponent.

1.2 Education/Employment

13. Less than regular grade 12 or equivalent: Yes.

Notes: No notes were recorded for this subcomponent.

1.3 Family/Marital

21. Criminal-Family/spouse: Yes.

Notes: No notes were recorded for this subcomponent.

1.4 Leisure/Recreation

No Leisure/Recreation items were endorsed.

Notes: No notes were recorded for this subcomponent.

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1.5 Companions

24. Some criminal acquaintances: Yes.
25. Some criminal friends: 0.
26. Few anticriminal acquaintances: Yes.
27. Few anticriminal friends: 0.

Notes: No notes were recorded for this subcomponent.

1.6 Alcohol/Drug Problem

No Alcohol/Drug Problem items were endorsed.

Notes: No notes were recorded for this subcomponent.

1.7 Procriminal Attitude/Orientation

38. Poor, toward sentence/offence: Yes.

Notes: No notes were recorded for this subcomponent.

1.8 Antisocial Pattern

No Antisocial Pattern items were endorsed.

Notes: No notes were recorded for this subcomponent.

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Summary of General Risk/Need Item Responses

The assessor entered the following response values for the LS/CMI General Risk/Need section.

Item	Response	Item	Response	Item	Response
1	Yes	20	2	39	No
2	No	21	Yes	40	No
3	No	22	No	41	No
4	No	23	3	41a	No
5	No	24	Yes	41b	No
6	Yes	25	0	41c	No
7	Yes	26	Yes	41d	No
8	No	27	0	42	No
9	No	28	No	42a	No
10	No	29	No	42b	No
11	No	30	3	42c	No
12	No	31	3	43	No
13	Yes	32	No	43a	3
14	No	33	No	43b	No
15	3	34	No	43c	No
16	3	35	No	43d	No
17	3	36	3	43e	No
18	3	37	3	43f	No
19	3	38	Yes	43g	No
				43h	Yes

Additional Item Information

1. Number of Youth dispositions: 0
1. Number of Adult convictions: 1
4. Number of present offences: 1
7. Number of times punished for institutional misconduct: 8
31. Type of drug(s) used: Not Specified
35. Specify: Not Specified
43b. Number: Not Specified

Summary of Omitted Responses

No General/Risk Need Factor items were omitted.

SCANNED

Section 2: Specific Risk/Need Factors

The Specific Risk/Need Factors section derives from a review of the research literature. It pinpoints items that may not apply to the general offender population. When "specific" items occur in a given case, they may take a prominent role in the assessment of this offender's risk. Note that the items are **not** summed for a total Specific Risk/Need score. Rather, the endorsement of any item should be considered in planning Boaz Pleasant-bey's case management plan.

Personal Problems with Criminogenic Potential

This section focuses on specific attributes and personal characteristics that may be particularly indicative of specific criminogenic needs.

No personal problems with criminogenic potential items were endorsed for Boaz Pleasant-bey.

History of Perpetration

This section includes a series of historical items that might constitute specific static risk factors. Note that the items refer to history and not simply to the current offence.

No history of perpetration items were endorsed for Boaz Pleasant-bey.

Section 3: Prison Experience - Institutional Factors

This section samples items that institutional classification staff have identified as crucial considerations over-and-above the General Risk/Need level and the other sections of the LS/CMI. The endorsement of any item should be considered when developing Boaz Pleasant-bey's case management plan.

Past Incarceration:

Items that were given "Yes" responses for this section are shown below:

No past incarceration factors were endorsed for Boaz Pleasant-bey.

Present Incarceration:

Items that were given "Yes" responses for this section are shown below:

No present incarceration factors were endorsed for Boaz Pleasant-bey.

Barriers to release

Items that were given "Yes" responses for this section are shown below:

No barriers to Boaz Pleasant-bey's release were endorsed.

SCANNED

Section 4: Other Client Issues (Social, Health, and Mental Health)

This section includes supplementary information that may impact on Boaz Pleasant-bey's classification and case management decisions. Note that the items are not summed for a total score.

No other client issues were endorsed for Boaz Pleasant-bey.

Section 5: Special Responsivity Considerations

This section samples some of the dominant responsivity considerations in clinical research and correctional opinion. Responsivity factors are considerations that may impact upon choice of the most appropriate style and mode of service. Note that the items are not summed for a total score.

No special responsivity considerations were endorsed for Boaz Pleasant-bey.

Section 6: Risk/Need Summary and Override

Score-Based General Risk/Need Level

Low

Client-Based/Clinical Override

The client-based/clinical override was not used.

Administrative/Policy Override

The Administrative/Policy override was not used.

No reason for using the Administrative/Policy override was specified.

Final Risk/Need Level

Low

Section 7: Risk/Need Profile

The Risk/Need Profile information is presented in the sections of this report entitled "LS/CMI General Risk/Need Total Score" and "Assessment of General Risk/Need Factors."

SCANNED

Section 8: Program/Placement Decision

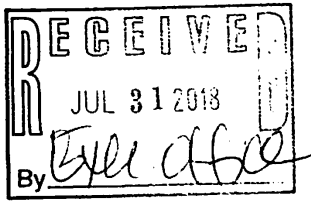
Recommendation/Decision:
Release Recommended: Not Specified
Institutional Placement: None Specified
Comments: None Specified

Summary of Findings: None Specified

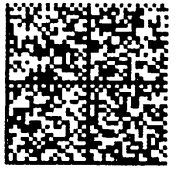
Date Printed: Monday, October 03, 2016
End of Report (Assessment # 620673)

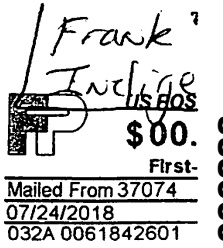
Boaz Pleasant-Bey #473110; EA-205
T.T.C.C.
110 Macon Way
Hartsville, Tenn. 37074

CEO DAMON Hininger (CCA)
10 Burton Hills Blvd.
Nashville, Tenn. 37215









CCI 000228

THE DEPARTMENT OF CORRECTION

TTCC HAS NEITHER INSPECTED

NOR CENSORED AND IS NOT

RESPONSIBLE FOR THE CONTENTS

JUL 24 2018

Name: Boaz Plea at Bey #473116, CA 05
Trousdale Turner Correctional Center
140 Macon Way
Hartsville, Tenn. 37074

RECEIVED
JUL 31 2018
By Mail Office

Subject: Moving To The Good Side of The Prison.
Addressed To: CEO DAMON Hininger (CCA)
10 Burton Hills Blvd.
Nashville, Tenn. 37215

RECEIVED
AUG 1 X 2018
CCA
FSC-OPERATIONS
FSC-OPERATIONS

Dear Mr. Hininger,

I spoke to some ladies from the CCA Corporate Office today about the conditions of this facility. I honestly believe that I would be neglected by Staff here in case of a Medical emergency. Also, I can not get to the library (Legal) on time because the Wardens personally come to E-Unit and stop people from going to the library. Units E and B are not allowed to move as the rest of the Compound, because they are considered "bad units where violence occours". I'm not a violent person. In fact, I'm high risk for being harmed due to my situation, but the Wardens won't move me to W-Unit where I'll be safe and have better access to the library and Chapple. Moreover, as big as this prison is [2,500 inmates], it was designed for 2 libraries, but it only uses one of them making it harder to get to the library. Please help.

Sincerely,
- Bob Bey

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES

MAJOR PROBLEM LIST

NECX
INSTITUTION

Name: Pleasant - Bey Boaz TOMIS#: 473110
Last First Middle

Date of Birth: 6-18-83 Gender: ☑ M ☐ F Race: B

Allergies: NKA

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED *(Please check "√" if resolved)*	RESOLVE DATE
—	7-2-15	LOC I		

Conservator Name: _____

Primary Phone: _____ Secondary Phone: _____

* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.

CR-1894 (Rev. 08-14) Duplicate as Needed RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION
CHRONIC DISEASE CLINIC
TREATMENT PLAN

Inmate Name: Pleasant-Bey Boaz
TDOC Number: 473110
Institution: CCA.HCCF

LIST CHRONIC DISEASES
1) Allergic rhinitis 3) _____ 5) _____
2) _____ 4) _____ 6) _____

Either list or refer to pharmacy profile for current medications: See profile

SUBJECTIVE:
Asthma: # attacks in last month? N/A
short acting beta agonist canisters in last month? N/A
times awakening with asthma symptoms per week? N/A
CV/hypertension (Y/N): Chest pain? NO SOB? No Palpitations? NO Ankle edema? NO
HIV/HCV (Y/N): Nausea/vomiting? No Abdominal pain/swelling? NO Diarrhea? ____ Rashes/lesions? NO
Seizure disorder: # seizures since last visit? N/A
Diabetes mellitus: # hypoglycemic reactions since last visit? N/A
Weight loss/gain ↑↓ ____ lbs.
For all diseases, since last visit, describe new symptoms: patient has acute complaints

OBJECTIVE:
Patient adherence (Y/N): with medications? N/A with diet? N/A with exercise? N/A
Vital signs: Temp 97.8 BP 144/85 Pulse 55 Resp 16 Wt 180 PEFR ____ INR ____
Labs: Hgb A1C ____ HIV VL ____ CD4 ____ Total Chol ____ LDL ____ HDL ____ Trig ____
Range of fingerstick glucose/BP monitoring: ____
Physical Evaluation (PE): ____

HEENT/neck: WNL	Extremities: MAE x 4
Heart: RRR, S1S2 @ RRR	Neurological: A&Ox3
Lungs: Bilat CTA	~~GU/rectal~~:
~~Abdomen~~:	Other:

Additional Comments: ____

ASSESSMENT:

	Degree of Control* G	F	P	NA	Clinical Status* I	S	W	NA
1 Allergic rhinitis	☒	☐	☐	☐	☐	☒	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐

*Degree of Control: G-Good F-Fair P-Poor NA-Not Applicable
*Clinical Status: I-Improved S-Same W-Worse NA-Not Applicable

PLAN:
Medication changes: Refill Zyrtec
Diagnostics: N/A
Labs: None @ this time
Monitoring: BP ____ x day/week/month Glucose ____ x day/week/month Peak flow ____ Other: ____
Education provided: ☒ Nutrition ☒ Exercise ☐ Smoking ☐ Test results ☒ Medication management ☐ Other: ____
Referral (list type): ____ Specialist: ____
days to next visit? ☐ 90 ☐ 60 ☐ 30 ☒ Other: 180 Discharged from Chronic Clinic (specify clinic): ____
Additional Comments: ____

Vanessa Davis — Mid-Level / Physician Signature
2/23/2012 — Date

CR3624 (Rev. 4-11) **Vanessa Davis FNP** ***Duplicate as Needed*** RDA 1100

CCF 000232

TENNESSEE D[illegible]MENT OF CORRECTION
CHRONIC DISEASE CLINIC
TREATMENT PLAN

Pleasant-Bay-, Boaz
Inmate Name

TDOC Number | Institution

LIST CHRONIC DISEASES:
1) Allergic Rhinitis 3) 5)
2) 4) 6)

Either list or refer to pharmacy profile for current medications: Pt Rec

SUBJECTIVE:

Asthma: # attacks in last month? N/A
short acting beta agonist canisters in last month? N/A
times awakening with asthma symptoms per week?
Seizure disorder: # seizures since last visit? N/A
Diabetes mellitus: # hypoglycemic reactions since last visit? N/A
Weight loss/gain ↑↓ lbs.
CV/hypertension (Y/N): Chest pain? NO SOB? NO Palpitations? NO Ankle edema? NO
HIV/HCV (Y/N): Nausea/vomiting? NO Abdominal pain/swelling? NO Diarrhea? NO Rashes/lesions? NO

For all diseases, since last visit, describe new symptoms: Patient has no new complaints

OBJECTIVE:

Patient adherence (Y/N): with medications? with diet? with exercise?
Vital signs: Temp 98.2 BP 139/84 Pulse 84 Resp 16 Wt 187 PEFR INR
Labs: Hgb A1C HIV VL CD4 Total Chol LDL HDL Trig
Range of fingerstick glucose/BP monitoring:

Physical Evaluation (PE):

HEENT/neck: Head normocephalic	Extremities: FROM x 4
Heart: RRR, S1S2	Neurological: grossly intact
Lungs: Lungs CTA Bilat	~~GU/rectal~~
~~Abdomen~~:	Other:

Additional Comments:

ASSESSMENT:

	Degree of Control* G	F	P	NA	Clinical Status* I	S	W	NA
1 Allergic Rhinitis	☒	☐	☐	☐	☐	☒	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐

*Degree of Control: G-Good F-Fair P-Poor NA-Not Applicable
*Clinical Status: I-Improved S-Same W-Worse NA-Not Applicable

PLAN:
Medication changes: Rhinocort Zyrtec
Diagnostics: N/A
Labs: N/A
Monitoring: BP ____ x day/week/month Glucose ____ x day/week/month Peak flow ____ Other: ____
Education provided: ☒ Nutrition ☒ Exercise ☐ Smoking ☐ Test results ☒ Medication management ☐ Other: ____
Referral (list type): Specialist:
days to next visit? ☐ 90 ☐ 60 ☐ 30 ☒ Other 180 Discharged from Chronic Clinic (specify clinic):
Additional Comments:

Mid-Level / Physician Signature

8/24/2011
Date

CR3624 (Rev. 4-11) Duplicate as Needed RDA 1100

TENNESSEE DEPARTMENT OF CORRECTION
CHRONIC DISEASE CLINIC
TREATMENT PLAN

Inmate Name: Pleasant-Bey, Boaz
TDOC Number: 493110 Institution: Hardeman

LIST CHRONIC DISEASES
1) Allergic Rhinitis 3) _____ 5) _____
2) _____ 4) _____ 6) _____

Attach pharmacy profile or list current medications: Claritin 10mg po q d

SUBJECTIVE:
Asthma: # attacks in last month? _____
short acting beta agonist canisters in last month? _____
times awakening with asthma symptoms per week? _____
Seizure disorder: # seizures since last visit? _____
Diabetes mellitus: # hypoglycemic reactions since last visit? _____
Weight loss/gain ↑ ↓ _____ lbs.
CV/hypertension (Y/N): Chest pain? _____ SOB? _____ Palpitations? _____ Ankle edema? _____
HIV/HCV (Y/N): Nausea/vomiting? _____ Abdominal pain/swelling? _____ Diarrhea? _____ Rashes/lesions? _____
For all diseases, since last visit, describe new symptoms:

OBJECTIVE:
Patient adherence (Y/N): with medications? ✓ with diet? _____ with exercise? _____
Vital sings: Temp AF BP 110/70 Pulse 72 Resp 18 Wt 170 PEFR _____ INR _____
Labs: Hgb A1C _____ HIV VL _____ CD4 _____ Total Chol _____ LDL _____ HDL _____ Trig _____
Range of fingerstick glucose/BP monitoring: _____
5'7"

PE:

HEENT/neck: NC/AT; PERRL, EOMI	Extremities: ↓ C C ↓ E
Heart: RRR ↓ murmurs, NIS, ↓ 2+ pulses	Neurological: intact
Lungs: CTA ↓ BBS	GU/rectal: declined
Abdomen: Soft, NT ↓ normoactive BS	Other:

ASSESSMENT:

	Degree of Control				Clinical Status			
	G	F	P	NA	I	S	W	NA
1 Allergic Rhinitis	☐	☒	☐	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐	☐	☐	☐

PLAN:
Medication changes: Change Claritin to Zyrtec 10mg po q day
Diagnostics: _____
Labs: _____
Monitoring: BP _____ x day/week/month Glucose _____ x day/week/month Peak flow _____ Other: _____
Education provided: ☒ Nutrition ☐ Exercise ☐ Smoking ☐ Test results ☒ Medication management ☐ Other: _____
Referral (list type): _____ Specialist: _____
days to next visit? ☐ 90 ☐ 60 ☐ 30 ☒ Other: 180 day Discharged from Chronic Clinic (specify clinic): _____

[signature] MD
Mid-Level / Physician Signature

3/24/2011
Date

CR3624 (Rev. 2-11) ***Duplicate as Needed*** RDA 1100

pleasant bay 0002 473110

Inmate's Name (Please Print)

Subject

ELEMENT	DATES TAUGHT
Element: MSSP, Hist, STD, Hepatitis, self hygiene, sick call procedures	3-9-20
Provider Signature: [signature]	
Patient Signature: [signature]	
Element:	
Provider Signature:	
Patient Signature:	
Element:	
Provider Signature:	
Patient Signature:	
Element:	
Provider Signature:	
Patient Signature:	
Element:	
Provider Signature:	
Patient Signature:	
Element:	
Provider Signature:	
Patient Signature:	

Note: Each entry must be signed.

CR-2742 (Rev. 7-18)

RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

B092 Pleasant-Bey 473110
Patient's Name/TDOC #

HIV/AIDS
Subject

ELEMENT	DATES TAUGHT
Element: HIV/AIDS Provider Signature: Corey Edlin RN Patient Signature: X	6/27/19
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	

Note: Each entry must be signed.

CR-2742 (Rev. 7-18)

RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Boaz Pleasant-Bey #473110
Patient's Name/TDOC #

HIV/AIDS
Subject

ELEMENT	DATES TAUGHT
Element: HIV/AIDS Provider Signature: Patient Signature:	10/25/18
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	
Element: Provider Signature: Patient Signature:	

Note: Each entry must be signed.

CR-2742 (Rev. 7-18) RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Pleasant-Bey, Boaz #473110
Patient's Name

PE Teaching
Subject

ELEMENT	DATES TAUGHT
Advance Care Plan Self-Care: TSE/BSE Lifestyle Modifications: Diet/Exercise	Sidney Ballard, NP-C 6-23-17

Note: Each entry must be signed.

CR-2742 (Rev. 5-00)

RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

MEDICAL TREATMENT PLAN

PLEASANT, Bey, B.A2 — Inmate Name
473110 — TDOC Number
6-18-83 — DOB

ALLERGIES (Medications) NKA

(Other, e.g. Food, Pollen)

DIAGNOSES ALLERGIC SINUSITIS

TREATMENT GOALS (Measurable Clinical Outcomes)

Symptom CONTROL

Frequency of Clinic visits $90

Frequency of Special Monitoring (e.g., BP, weight, blood glucose)

MEDICATION (S) ☐ See MAR

DIET Reg

LABORATORY TESTS / DIAGNOSTICS (include frequency)

SPECIAL NEEDS (e.g., ADL assistance, appliances, hearing or vision deficits, cognitive deficit)

PATIENT EDUCATION (include consideration of education level): ☐ See CR-2742 Teaching/Counseling Plan

Pathophysiology of Disease
TX ment Options

COMMENTS (e.g., Living Will, Conservator, Special Instructions)

Donald Willie, F.N.P.	WTSP TII	[signature]	2-24-11
Medical Practitioner's Name (PRINT)	Institution	Medical Practitioner's Signature	Date
Dr. Larry Anthony	WTSP 3	[signature]	3/2/11
Medical Practitioner's Name (PRINT)	Institution	Medical Practitioner's Signature	Date
Medical Practitioner's Name (PRINT)	Institution	Medical Practitioner's Signature	Date

CR-3624 — Duplicate or Printed by TRICOR — RDA 1100

TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Pleasant-Bey, Boaz
Patient's Name

HIV
Subject

ELEMENT	DATES TAUGHT
1. Transmission of the virus; I.V. Drug Use Homosexual Activity Tattooing with prison tattoo instruments Unprotected Sex	2/18/11
2. Signs and Symptoms of Disease Night Sweats Unexplained weight loss Swollen lymph glands for extended periods Diarrhea and loss of appetite	
3. Avoidance of HIV virus; Avoid unprotected sex Know your partner Don't share needles HIV testing if indicated	
4. Continue to educate about HIV transmission 5. Inform inmate that if he becomes HIV positive Aids is the end results and currently there is Not a cure for this disease.	

Note: *Each entry must be signed*

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
MAJOR MEDICAL CONDITIONS
PROBLEM LIST

WTSP
INSTITUTION

Name: Pleasant-Bey, Boaz Number: 473110
Last First Middle

Date of Birth: 6-18-83 Gender: ✓ M ____ F Race: B

Allergies: NKDA

PROBLEM NUMBER *	DATE IDENTIFIED/ RECORDED	MAJOR MEDICAL CONDITIONS/PROBLEMS
I	2-24-11	~~ALLERGIC SYNUSITIS~~ PTY
	7-2-15	LOC WILLIAM C. DIEBOLD MD DOCTOR DATE TIME

* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e. , I - Diabetes, II - Laminectomy

* Psychiatric or serious psychological problems are identified by capital letters, i.e., A -Schizophrenia, B - Self-Mutilative Behavior.

CR-1894 (Rev. 02-02) RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

IMMUNIZATION / TB CONTROL RECORD - INMATE

WTSP-3
INSTITUTION

NAME Pleasant-Bey, Boaz TDOC NUMBER 473110

IMMUNIZATIONS

DATE	VACCINE	DOSE	SIGNATURE
2/18/11	Td	0.5cc	

TUBERCLOSIS SCREENING AND SURVEILLANCE
INITIAL SCREENING: READ AFTER 48 – 72 HOURS

Tuberculin Test Date / Antigen / Method / Initials	Date Read / Initials	Reaction in MM	Chest X-Ray Date / Results	Preventive Treatment Started / Completed
2/18/11 0.1cc tubersol PBL	2/20/11 KB	0 mm		
2/25/11 0.1cc tubersol JC	2/27/11 KB	0 mm		

PERIODIC SCREENING: READ AFTER 48 – 72 HOURS IN MM

6-21-11 Tubersol 1D MLB$_{RN}$	6-24-11 MLB$_{RN}$	0 mm		
6/2/14 APD 0.1cc	6/4/14 SCKB	0mm		
6/11/15 PPD 0.1cc	LL 13 15	0mm	DSQAB	
6-1H6/0.1cc Tubersol	LEA DW	6-13-16 QMW	JB	
6417/0.1cc Tubersol	LEA JB	6617 QMW	CA/JB	
6/27/19 TB Screen only	nkg			

TUBERCULOSIS SURVEILLANCE: FILL IN IF POSITIVE PPD OR IF DISEASE OCCURS

Bacteriologic Examination Date / Results	Diagnosis Date / Diagnosis	Treatment Started / Completed

EA205
564

TENNESSEE DEPARTMENT OF CORRECTION

INMATE/EMPLOYEE TUBERCULOSIS SCREENING TOOL

TTCC
INSTITUTION

☐ Employee ☒ Inmate

Boaz Pleasant-Bey
Inmate Name (Printed)

473110
Inmate Number

Employee Name (Printed)

Last four (4) digits of Employee SS#

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough (*lasting 3 weeks or longer*)	☐	☒
2.	Productive cough (*if yes, state color*)	☐	☒
3.	Coughing up blood	☐	☒
4.	Chest pain	☐	☒
5.	Get tired easily	☐	☒
6.	Weight loss (*if yes, how many lbs._____, time period _____*)	☐	☒
7.	Loss of appetite	☐	☒
8.	Night sweats	☐	☒
9.	Fever or chills	☐	☒

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)	☐	☒
Were you given BCG at any time?	☐	☒
Have you traveled to Asia, the Caribbean, South America, or Africa within the last year? (***employee only***)	☐	N/A
Have you ever had a positive TB skin test or positive TB blood test?	☐	☒
Have you ever been told that you had tuberculosis?	☐	☒
Do you Volunteer to a homeless shelter on a regular basis? (***employee only***)	☐	N/A
Have you ever taken medication for TB?	☐	☒

List medications: _____ Treatment date(s): _____

Most recent TST/IGRA Date: _____ Result: _____ mm: _____

Most recent Chest-X-ray Date: _____ Result: _____

Current Test PPD (Brand): _____ Lot#: _____ Exp Date: _____

Date placed: TB screen Site: _____ Nurse: _____

Date read: only Result: _____ mm Nurse: _____

Date of IGRA _____ Result: _____ Nurse: _____

Exposure Control Methods Implemented

☒	No action required	☐	Physician/Mid-Level Referral;
☒	Segregated from population	☐	Immediate physician referral
☐	Surgical mask on patient	☐	Prepare for transfer to All facility
☐	Placed in All	☐	Recommend Quanti-FERON Blood Test

Physician review required for all positive findings:

X [signature]
Employee/Inmate Signature

6/27/19
Date

Reviewing Physician/Mid-Level Referral Signature

Date

Corey Eden RN
Health Care Provider Signature

6/27/19
Date

CR-3628 (Rev. 04-16) ***Duplicate as Needed*** RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

NECX
INSTITUTION

☐ Employee ☒ Inmate

14/52 PLEASANT-BEY, BOAZ — Inmate Name *(Printed)*

473110 — Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS #

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs* _____, *time period* _____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)	☐	☑
Were you given BCG at any time?	☐	☑
Have you traveled to Asia, the Caribbean, South America, or Africa within the last year? (employee only)	☐	☑
Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☑
Do you Volunteer to a homeless shelter on a regular basis? (employee only)	☐	☑
Have you ever taken medication for TB?	☐	☑

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand): Tubersol Lot#: C5038AA Exp date: 11-3-18

Date placed: 6-4-17 Site: LFA Nurse: Jenny Buck RN

Date read: 6/6/17 Result: 0 mm Nurse: Cindy Adcock R

Exposure Control Methods Implemented

☑ No action required	☐ Physician/mid-level referral
☐ Segregated from population	☐ Immediate physician referral
☐ Surgical mask on patient	☐ Prepare for transfer to AII facility
☐ Placed in AII	☐ Recommend Quanti-FERON-G Blood Test

Physician review required for all positive findings:

Employee / Inmate Signature — Date: 6-4-17

Reviewing Physician Signature: Jenny Buck RN — Date: 6-4-17

CR-3628 (Rev. 05-14) *Duplicate as Needed* RDA 1458

CCF 000244

TENNESSEE DEPARTMENT OF CORRECTION

INMATE/EMPLOYEE TUBERCULOSIS SCREENING TOOL

13/46

NECX
INSTITUTION

☑ Employee ☐ Inmate

Boaz Pleasant-Bey
Inmate Name (Printed)

473110
Inmate Number

Employee Name (Printed)

Last four (4) digits of Employee SS#

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough (*lasting 3 weeks or longer*)	☐	☒
2.	Productive cough (*if yes, state color*)	☐	☒
3.	Coughing up blood	☐	☒
4.	Chest pain	☐	☒
5.	Get tired easily	☐	☒
6.	Weight loss (*if yes, how many lbs._____, time period _____*)	☐	☒
7.	Loss of appetite	☐	☒
8.	Night sweats	☐	☒
9.	Fever or chills	☐	☒

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)	☐	☒
Were you given BCG at any time?	☐	☒
Have you traveled to Asia, the Caribbean, South America, or Africa within the last year? (***employee only***)	☐	☒
Have you ever had a positive TB skin test or positive TB blood test?	☐	☒
Have you ever been told that you had tuberculosis?	☐	☒
Do you Volunteer to a homeless shelter on a regular basis? (***employee only***)	☐	☒
Have you ever taken medication for TB?	☐	☒

List medications: _____ Treatment date(s): _____

Most recent TST/IGRA Date: _____ Result: _____ mm: _____

Most recent Chest-X-ray Date: _____ Result: _____

Current Test PPD (Brand): Tubersol Lot#: C4862AA Exp Date: 1-6-18

Date placed: 6-11-16 Site: LFA Nurse: Donna Walser RN

Date read: 6-13-16 Result: 0 mm Nurse: Jay Boggs

Date of IGRA _____ Result: _____ Nurse: _____

Exposure Control Methods Implemented

- ☒ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in All
- ☐ Physician/Mid-Level Referral;
- ☐ Immediate physician referral
- ☐ Prepare for transfer to All facility
- ☐ Recommend Quanti-FERON Blood Test

Physician review required for all positive findings:

X [signature] Employee/Inmate Signature — 6-11-16 Date

Reviewing Physician/Mid-Level Referral Signature — Date

Jenny Buck RN Health Care Provider Signature — 6-11-16 Date

CR-3628 (Rev. 04-16) *Duplicate as Needed* RDA 1458

CCF 000245

11/44

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

NECX
INSTITUTION

☐ Employee ☑ Inmate

Pleasant-Bey, Boaz
Inmate Name *(Printed)*

473110
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS #

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs* _____, *time period* _____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)	☐	☑
Were you given BCG at any time?	☐	☑
Have you traveled to Asia, the Caribbean, South America, or Africa within the last year? (employee only)	☐	☑
Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☑
Do you Volunteer to a homeless shelter on a regular basis? (employee only)	☐	☑
Have you ever taken medication for TB?	☐	☑

List medications: ∅ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand): Tuberculin Lot#: C4515AA Exp date: July 28, 2016

Date placed: 6/11/15 Site: (R) Forearm Nurse: Sandra Grant LVN

Date read: 6/13/15 Result: 0 mm Nurse: [signature]

Exposure Control Methods Implemented

- ☒ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility
- ☐ Recommend Quanti-FERON-G Blood Test

Physician review required for all positive findings:

[signature] Employee / Inmate Signature — 6/11/15 Date

[signature] Reviewing Physician Signature — 6/11/15 Date

CR-3628 (Rev. 05-14) *Duplicate as Needed* RDA 1458

CCF 000246

12/58

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

NECX
INSTITUTION

☐ Employee ☒ Inmate

Pleasant-Bey, Boaz
Inmate Name *(Printed)*

473110
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS#

Tennessee Department of Correction (TDOC) Policy requires annual screeningfor tuberculosis. This tool is tobe used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☒
2.	Productive cough (if yes, state color)	☐	☒
3.	Coughing up blood	☐	☒
4.	Chest pain	☐	☒
5.	Get tired easily	☐	☒
6.	Weight loss (*if yes, how many lbs* ____, *time period* ____)	☐	☒
7.	Loss of appetite	☐	☒
8.	Night Sweats	☐	☒
9.	Fever or chills	☐	☒

Are you immunocompromised? (Diabetes, End stage renal disease, cancer, HIV, prolonged corticosteroid therapy, gastric bypass or immunosuppressive arthritic therapy)	☐	☒
Have you ever had a positive TB skin test?	☐	☒
Have you ever been told that you had tuberculosis?	☐	☒
Have you ever taken medication for TB?	☐	☒

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand): Tuberculol Lot#: CY511AA Exp date: 5-21-16

Date placed: 6/2/14 Site: L FA Nurse: A Gelbaster

Date read: 6/4/14 Result: 0 mm Nurse: Faye McCarmelyn

Exposure Control Methods Implemented

- ☒ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility

Physician review required for all positive findings:

Boaz Pleasant Bey
Employee / Inmate Signature

6/2/14
Date

Reviewing Physician Signature

Date

A Gelbaster PA
Health Provider Signature

6/2/14
Date

CR-3628 (Rev. 06-12) *Duplicate as Needed* RD# 1458

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

WHITEVILLE CORRECTIONAL
INSTITUTION

☐ Employee ☒ Inmate

Pleasant-Bey, Boaz — Inmate Name *(Printed)*

473110 — Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS #

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☐
2.	Productive cough (if yes, state color)	☐	☐
3.	Coughing up blood	☐	☐
4.	Chest pain	☐	☐
5.	Get tired easily	☐	☐
6.	Weight loss (*if yes, how many lbs*_____, *time period* _____)	☐	☐
7.	Loss of appetite	☐	☐
8.	Night Sweats	☐	☐
9.	Fever or chills	☐	☐

Have you ever had a positive TB skin test? ☐ ☐
Have you ever been told that you had tuberculosis? ☐ ☐
Have you ever taken medication for TB? ☐ ☐
List medications: _____ Treatment date(s) _____
Most recent TST Date: Screening only Result: _____ mm _____
Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand) : _____ Lot#: _____ Exp date: _____
Date placed: _____ Site: _____ Nurse: _____
Date read: _____ Result: _____ mm Nurse: _____

Exposure Control Methods Implemented

- ☐ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility

Physician review required for all positive findings: _____

Boaz Pleasant-Bey — Employee / Inmate Signature — 6-10-13 — Date

Reviewing Physician Signature — Date

Carmella Washington LPN — Health Provider Signature — 6-10-13 — Date

CR-3628 (Rev. 6-08) *Duplicate as Needed* RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

HCCF
INSTITUTION

☐ Employee ☒ Inmate

Pleasant-Bey Boaz
Inmate Name *(Printed)*

473110
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS # /

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs*_____, *time period*_____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☑
Have you ever taken medication for TB?	☐	☑

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand) : Tubersol Lot#: C3764AA Exp date: 09/03/13

Date placed: 6-20-12 Site: ⓓ FIA Nurse: [signature]

Date read: 6-22-12 Result: 0 mm Nurse: [signature]

Exposure Control Methods Implemented

☐ No action required	☐ Physician/mid-level referral
☐ Segregated from population	☐ Immediate physician referral
☐ Surgical mask on patient	☐ Prepare for transfer to AII facility
☐ Placed in AII	

Physician review required for all positive findings:

X [signature] Pleasant-Bey
Employee / Inmate Signature — 6-20-12 Date

Reviewing Physician Signature — Date

[signature]
Health Provider Signature — 6-20-12 Date

CR-3628 (Rev. 3-08) *Duplicate as Needed* RDA

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

HCCF
INSTITUTION

☐ Employee ☑ Inmate

Boaz Pleasant Bey
Inmate Name *(Printed)*

06/18/83
Date of Birth

473110
Inmate Number *(Printed)*

ID-106
Housing Unit

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs*_____, *time period* _____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑
10.	Immunosuppressed (Health Department only - see nurse)	☐	☑

Have you ever had a positive TB skin test? ☐ ☑
Have you ever been told that you had tuberculosis? ☐ ☑
Have you ever taken medication for TB? ☐ ☑
List medications: _____ Treatment date(s) _____
Most recent TST Date: _____ Result: _____ mm _____
Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand): Tubersol Lot#: C5764AA Exp date: 9/3/13
Date placed: 11/4/11 Site: L FA Nurse: Heidi Bul
Date read: 11/7/11 Result: 0 mm Nurse: Heidi Bul

Exposure Control Methods Implemented

- ☐ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility

Physician review required for all positive findings: _____

Employee / Inmate Signature — 11/04/11 Date

Reviewing Physician Signature — Date

Heidi Bul
Health Provider Signature — 11/4/11 Date

CR-3628 (Rev. 6-08) ***Duplicate as Needed***

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

Henderson County Correctional Facility
INSTITUTION

☐ Employee ☒ Inmate

Boaz Pleasant-Bey
Inmate Name *(Printed)*

473110
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS # /

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs*_____, *time period* _____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☑
Have you ever taken medication for TB?	☐	☑

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand) : Tubersol Lot#: C3373AA Exp date: 10.28.12

Date placed: 6.21.11 Site: LFA Nurse: MLB

Date read: 6.24.11 Result: 0 mm Nurse: Mary Lou Brown RN

Exposure Control Methods Implemented

- ☐ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility

Physician review required for all positive findings:

X _____ X 6/21/11
Employee / Inmate Signature — Date

_____ _____
Reviewing Physician Signature — Date

Mary Lou Brown RN 6.21.11
Health Provider Signature — Date

CR-3628 (Rev. 3-08) *Duplicate as Needed* RDA

CCF 000251

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

CCA - HARDEMAN COUNTY

INSTITUTION

☐ Employee ☒ Inmate

Boaz Pleasant-Bey
Inmate Name *(Printed)*

173110
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS # / INMATE TOMIS ID

Tennessee Department of Correction (TDOC) Policy requires annual screening for Tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Gets tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs_____, time period _____*)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Intake screen

Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☐
Have you ever taken medication for TB?	☐	☐

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

TB screen only

Current Test: PPD (brand) : _____ Lot#: _____ Exp date: _____

Date placed: _____ Site: _____ Nurse: _____

Date read: _____ Result: _____ Mm Nurse: _____

Exposure Control Methods Implemented

- ☐ No action required
- ☐ Segregated from population
- ☐ Surgical mask on patient
- ☐ Placed in AII
- ☐ Physician/mid-level referral
- ☐ Immediate physician referral
- ☐ Prepare for transfer to AII facility

Physician review required for all positive findings:

X _____
Employee / Inmate Signature

03/21/11
Date

_____
Reviewing Physician Signature

_____ Date

Heather Thweatt
Health Provider Signature

03/21/11
Date

CR-3628 (Rev. 10-07) *Duplicate as Needed* RDA

CCF 0000252

TENNESSEE DEPARTMENT OF CORRECTION

INMATE / EMPLOYEE TUBERCULOSIS SCREENING TOOL

UCTC
INSTITUTION

☐ Employee ☒ Inmate

Pleasant-bey, Baz
Inmate Name *(Printed)*

47310
Inmate Number

Employee Name *(Printed)*

Last four (4) digits of Employee SS # /

Tennessee Department of Correction (TDOC) Policy requires annual screening for tuberculosis. This tool is to be used annually and whenever tuberculosis is suspected.

Have you experienced any of the following symptoms within the last year?

		YES	NO
1.	Prolonged cough *(lasting 3 weeks or longer)*	☐	☑
2.	Productive cough (if yes, state color)	☐	☑
3.	Coughing up blood	☐	☑
4.	Chest pain	☐	☑
5.	Get tired easily	☐	☑
6.	Weight loss (*if yes, how many lbs*_____, *time period* _____)	☐	☑
7.	Loss of appetite	☐	☑
8.	Night Sweats	☐	☑
9.	Fever or chills	☐	☑

Have you ever had a positive TB skin test?	☐	☑
Have you ever been told that you had tuberculosis?	☐	☑
Have you ever taken medication for TB?	☐	☑

List medications: _____ Treatment date(s) _____

Most recent TST Date: _____ Result: _____ mm _____

Most recent chest xray Date: _____ Result: _____

Current Test: PPD (brand): Tuberculin Lot#: C220AA Exp date: 4/31/12

Date placed: 2/18/11 Site: L Arm Nurse: [signature]

Date read: 2/20/11 Result: 0 mm Nurse: [signature]

Exposure Control Methods Implemented

☒ No action required	☐ Physician/mid-level referral
☐ Segregated from population	☐ Immediate physician referral
☐ Surgical mask on patient	☐ Prepare for transfer to AII facility
☐ Placed in AII	

Physician review required for all positive findings:

X [signature]
Employee / Inmate Signature

02/18/11
Date

Reviewing Physician Signature

Date

[signature]
Health Provider Signature

2/18/11
Date

CR-3628 (Rev. 3-08) *Duplicate as Needed* RDA

CCF 000253

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH CLASSIFICATION SUMMARY

Name: Pleasant-Bey, Boaz TOMIS#: 473110 Date of Birth: 6-18-83

Physical Exam Date: 6-23-17 Dental Exam Date: 10-30-2013

Allergies: NKA

Health Classification (Code): A

Code	Description
A	Class A – No Restrictions
B	Class B – Moderate Restrictions
C	Class C – Severe Restrictions

Level of Care (LOC): LOC 1

Based on health record information provided by Mental Health Treatment Team

LOC 1	No Mental Health Services
LOC 2	Outpatient
LOC 3	Supportive Living Services (SLU) Moderate Impairment
LOC 4	Supportive Living Services (SLU) Severe Impairment
LOC 5	None

Clinical Alert: _____ Date: _____ Note: _____

Health Related Restrictions (Codes): _____
(Circle all applicable codes)

Code	Health Conditions
A	Visual Impairment
B	Hearing Impairment
C	Speech Impairment
D	Orthopedic Disease/Disorder ☐ Documented Hx of Back Problems
E	Amputation/Missing Extremity
F	Pregnancy ☐ 1st ☐ 2nd ☐ 3rd (Trimester)
G	Cancer
H	Asthma/Hay Fever, Seasonal
I	Allergies a) Drug _____ b) Other _____
J	Diabetes ☐ BS >300
K	Seizure Disorder
L	Cardiovascular Disease/Disorder
M	Hypertension
N	Pulmonary Disease/Disorder
P	Neurological Disease/Disorder ☐ Dementia
Q	Arthritis
R	Obesity (BMI >40)
S	Aging (>60)
T	Dermatological Disease/Disorder
U	Prosthetic Device Associated with Disability
V	(Specify)
W	Permanently confined to a Wheelchair/Mobility
X	Sleep Apnea
Y	G. U. Disease
Z	Surgery within last 6 months (abdominal, chest, back, or upper extremity)
AA	Other _____
BB	Acute Injury/Serious Medical Condition: Specify

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 54 of 200 PageID #: 1837

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH CLASSIFICATION SUMMARY

Name: Pleasant-Bey, Boaz TOMIS#: 473110 Date of Birth: 6-18-83

Specific Restrictions (Codes): _____
(Circle all applicable codes)

Specific Accommodations (Codes): _____
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
J	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
D	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
M	Bottom bunk in housing assignment
N	Special footwear required

Notes: _____

Sidney Ballard NPC
Sidney Ballard, NP-C
Medical Practitioner Signature

6-23-17
Date

REVIEWED

Medical Practitioner Signature

Date

CR-1886 (Rev. 08-14)

Page 2 of 2
Original: Inmate's Health Record

RDA 1458

CCF 000253

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
HEALTH CLASSIFICATION SUMMARY

Name: Pleasant-Bey, Boaz Number: 473110 Date of Birth: 6-18-83

Physical Exam Date: 2-24-11 Dental Exam Date: _____

Allergies: _____

Health Classification (Code): A

Code	Description
A	Class A – No Restrictions
B	Class B – Moderate Restrictions
C	Class C – Severe Restrictions

Treatment Recommendation (Code): 2

Code	Description
1	Grade 1 – Minor Attention Required
2	Grade 2 – Periodic Attention Required
3	Grade 3 – Close Medical Supervision Required

Mental Health Treatment history (Code): 5

Based on health record information provided by Mental Health Treatment Team

Code	Description
1	Inpatient
2	Outpatient
3	Inpatient/Outpatient
4	No known history
5	None

Health Related Restrictions (Codes): I

(List all applicable, circle codes)

Code	Health Related Restrictions
A	Visual Impairment
B	Hearing Impairment
C	Speech Impairment
D	Orthopedic Disease/Disorder
E	Amputation/Missing Extremity
F	Pregnancy
G	Cancer
(H)	Asthma/Hay Fever
(I)	Allergies
	a) Drug _____ b) Other SINUSITIS
J	Diabetes
K	Seizure Disorder
L	Cardiovascular Disease/Disorder
M	Hypertension
N	Pulmonary Disease/Disorder
O	Gastrointestinal Disease/Disorder

Code	Health Related Restrictions
P	Neurological Disease/Disorder
Q	Arthritis
R	Obesity
S	Aging
T	Dermatological Disease/Disorder
U	Prosthetic Device Associated with Disability: (Specify) _____
V	Confined to a Wheelchair/Mobility
W	Mental Retardation
X	Mental Illness
Y	G.U. Disease
Z	Other: _____

CR-1886 (Rev. 12-03)

Original: Inmate's Health Record

RDA 1458

CCF 000258

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
HEALTH CLASSIFICATION SUMMARY

Name: Pleasant-Bey, Bary Number: 473110 Date of Birth: 6-18-83

Specific Restrictions (Codes): O
(List all applicable, circle codes)

Code	Restrictions/Abilities	Comments
A	Complete bed rest or limited activity	
B	Sedentary work only—lifting 10 lbs. maximum, occasional walking or standing	
C	No heavy lifting—20 lbs. maximum, able to frequently lift or carry objects weighing up to 10 lbs.	
D	Light work only—lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.	
E	Medium work only—lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.	
F	No continuous strenuous activity for extended periods of time: (Specify) _____	
G	No continuous standing or walking for extended periods of time: (Specify) _____	
H	No stooping or bending	
I	Housed on first floor/bottom bunk, no climbing and balancing (uneven ground)	
J	No exposure to loud noises	
K	No exposure dusty areas	
L	No participation in weight lifting or strenuous athletics	
M	No activity involving potentially dangerous machinery or equipment	
N	No activity involving food preparation/handling	
O	Special footwear required	

Medical Practitioner Signature — Date: 2-24-11

REVIEW DOCUMENTATION

Medical Practitioner Signature — Date

6/18/14

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CCF 000257

TENNESSEE DEPARTMENT OF CORRECTION

REPORT OF PHYSICAL EXAMINATION

INSTITUTION: NECX

NAME Pleasant-Bey, Boaz TOMIS#: 473110 DATE OF EXAM 6-23-17

Blood Pressure (sitting): 120/88 Height: 5'7" Weight: 191# Temp: 97.1° Pulse: 54 Resp: 20 SpO2-97%

NORMAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL	NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additional information.
✓	1. GENERAL: Appearance, Nails, Skin, and Identifying Marks, Tattoos, etc.		
✓	2. EYES: General, Ophthalmoscopic; Pupils, and Ocular Motility		Last eye exam: 6 PERRLA
✓	3. HEAD AND NECK		⊖lymph ⊖thyroid
✓	4. EARS: External and Otoscopic		
✓	5. MOUTH AND THROAT		pink, moist
✓	6. NOSE AND SINUSES		
✓	7. LUNG AND CHEST		CTA BL
✓	8. CARDIOVASCULAR: Heart and Vascular System		RRR S(M)
✓	9. ABDOMEN: Inspection, Auscultation and Palpation		soft, nontender BS x4
Refused	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
Deferred	11. G.U. SYSTEM a. Genitalia b. Hernia		
N/A	12. PELVIC		
	13. ENDOCRINE		⊖thyroid
	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities		
	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's		A+OX3, PERRLA
	16. PSYCHIATRIC		LOC 1

Summary of Defects/Conditions and Diagnosis continued on back. ☑

Is there an Advance Directive, DNR order or Living Will on file? ☐ Yes ☑ No

If not, was inmate counseled regarding Advance Directives? ☐ Yes ☐ No Advance Care Plan (PH-4194) Provided? ☑ Yes ☐ No

HEALTH CLASSIFICATION BASED ON PHYSICAL EXAMINATION: A

PRINTED NAME OF MEDICAL PROVIDER: Sidney Ballard, NP-C

SIGNATURE OF MEDICAL PROVIDER: Sidney Ballard NP-C

Duplicate as Needed

CCF 000258

TENNESSEE DEPARTMENT OF CORRECTION

REPORT OF PHYSICAL EXAMINATION

Summary of Defects/Conditions and Diagnosis

Well Male PE: LOC I Pleasant-Bey, Boaz #473110

Sidney Ballard, NP-C

6 23 17

Duplicate as Needed

TENNESSEE DEPARTMENT OF CORRECTION

REPORT OF PHYSICAL EXAMINATION

INSTITUTION: NECX

NAME Pleasant-Bey, Boaz NUMBER 473110 DATE OF EXAM 6/18/14

CLINICAL EVALUATION			
NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL	NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additional information.
✓	1. GENERAL: Appearance, Nails, and Identifying Marks, Tattoos, etc.		
✓	2. EYES: General, Opthalmoscopic; Pupils, and Ocular Motility		
✓	3. HEAD AND NECK		
✓	4. EARS: External and Otoscopic		
✓	5. MOUTH AND THROAT		
✓	6. NOSE AND SINUSES		
✓	7. LUNG AND CHEST		
✓	8. CARDIOVASCULAR: Heart and Vascular System		
✓	9. ABDOMEN: Inspection, Auscultation and Palpation		
✓	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
✓	11. G.U. SYSTEM a. Genitalia b. Hernia		
✓	12. PELVIC		
✓	13. ENDOCRINE		
✓	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities		
✓	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's		
✓	16. PSYCHIATRIC		
✓	17. SKIN: Inspection, lesions, ulcers, tags, moles, insect bites, rashes, infections.		

SUMMARY OF DEFECTS / CONDITIONS AND DIAGNOSIS

20N2

WORK CLASSIFICATION BASED ON PHYSICAL EXAMINATION:

Dr. Clement Bernard @ NECX
PRINT NAME OF MEDICAL PRACTITIONER

SIGNATURE OF MEDICAL PRACTITIONER

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TENNESSEE DEPARTMENT OF CORRECTION

REPORT OF PHYSICAL EXAMINATION

INSTITUTION: WTSP-3

NAME Pleasant-Bey, Boaz NUMBER 473110 DATE OF EXAM 2-24-11

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL	NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additiona information.
	1. GENERAL: Appearance, Nails, Skin, and Identifying Marks, Tattoos, etc.		
	2. EYES: General, Opthalmoscopic; Pupils, and Ocular Motility		
	3. HEAD AND NECK		
	4. EARS: External and Otoscopic		
	5. MOUTH AND THROAT		
	6. NOSE AND SINUSES	✓	ALLERGIC SINUSITIS
	7. LUNG AND CHEST		
	8. CARDIOVASCULAR: Heart and Vascular System		
	9. ABDOMEN: Inspection, Auscultation and Palpation		
	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
	11. G.U. SYSTEM a. Genitalia b. Hernia		
	12. PELVIC		
	13. ENDOCRINE		
	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities		
	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's		
	16. PSYCHIATRIC		

SUMMARY OF DEFECTS / CONDITIONS AND DIAGNOSIS

WT 160 BP 110/72 T. 96.2 P. 65 R. 20

RT 20/20 LT 20/20

WORK CLASSIFICATION BASED ON PHYSICAL EXAMINATION: B

DONALD WILLIE F.N.P.

PRINT NAME OF MEDICAL PRACTITIONER

SIGNATURE OF MEDICAL PRACTITIONER

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 61 of 200 PageID #: 1244

TENNESSEE DEPARTMENT OF CORRECTION

HEALTH HISTORY

WTSP-3

INSTITUTION

NAME Pleasant-Bey, Boaz NUMBER 473110 AGE 27

SS# 213-04-6373 Sex M RACE B D.O.B. 6-18-83

Next of Kin: Name: Dawne Mbeo Relation: Friend

Address:

City: State: Zip:

Phone: Area Code Number

Defined Data Base: Date 2 (Month) 18 (Day) 11 (Year)

Height: 5'7 Weight: 160 Hair Color: black Color of Eyes: brown

Blood Pressure (Sitting): 110/72 Temp: 96.2 Pulse 65 Resp. 20

DATE, if done on Admission			
Serology	2/18/11	EKG	
Urinalysis		Chest X-Ray	
CBC		Hemocult	
Chem. Scan			
Td Booster			
Other			

ALLERGIES: NKA

Date or TB Skin Test 2/18/11

Date Read 2/20/11 Results 0mm (Record in MM.)

Visual Acuity (Snellen) R. 20/20 L. 20/20

Audiometric Screening (20 db.)

HEARING CHECKED WITH TUNNING FORK RESULTS WNL

71.	AUDIOMETER							
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT								
LEFT								

CURRENT MEDICATIONS: (Specify drug, strength, dosage form and frequency)

NAME Pleasant-Bey, Boaz NUMBER 473110

DATE	NAME OF HOSPITAL	LOCATION	REASON
1995	Johns Hopkins Hospital	Baltimore Maryland	

NO		YES	COMMENT(S)
5.			
☐ a.	Has there been any change in your weight in the past year? 1. Lost ☑ How much? 6lbs 2. Gain ☐ How much? ____	☑	
☐ b.	Have you ever had excessive anxiety/nervousness, depression or worrying?	☑	Before I proceeded Pro Se on Jan. 21st 2009 to prevent prejudice and injustice from being imposed.
☑ c.	Have you noticed a change in size or color of any wart or mole, or the appearance of a new one?	☐	
☑ d.	Any itching, skin rash or boils?	☐	On the side of my mouth there appears to be dry skin
☑ e.	Any surgical scars or tattoos?		
☑ f.	Do you use tobacco?	☐	
☐	1. Chew	☐	
☐	2. Pipe	☐	
☐	3. Cigars	☐	
☐	4. Cigarettes	☐	
	5. How many cigars, cigarettes, or pipes do you smoke in 24 hours? ____		
6.	**HEAD AND NECK**		
☑ a.	Do you have dizzy spells?	☐	
☑ b.	Do you have frequent headaches?	☐	I've never had a headache
	How often? ____ What medicine helps your headaches? ____		
☑ c.	Do you have any lumps or swelling in your neck, armpits, groin or other areas?	☐	
7.	**EYES**		
☑ a.	Do you wear glasses or contact lens?	☐	
	For how long? ____		
☑ b.	Do you see double?	☐	
☐ c.	Do you ever see colored halos around lights?	☑	I have when the light was very bright if I stared at the light too long.
☐ d.	When were your eyes last examined? I don't know	☐	
☑ e.	Do you have trouble seeing objects at a distance or near objects such as a newspaper?	☐	
☐ f.	Do you have vision in both eyes?	☑	

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NAME NUMBER

NO		YES	COMMENT(S)
	14. MUSCULOSKELETAL		
☑	a. Have stiff or painful muscles or joints?	☐	
☑	b. Are your joints ever swollen?	☐	
☑	c. Have you ever had any broken bones?	☐	My mom said I injured my right knee at age 3
☑	d. Have difficulty bending or moving?	☐	I practice Yoga and Martial Arts
	15. *FOR MALES ONLY*		
☑	a. Is your urine stream very weak and slow?	☐	
☑	b. Has a doctor ever told you that you have prostate trouble?	☐	
☑	c. Ever had discharge from your penis?	☐	I've never had a sexually transmitted disease
☑	d. Do you have any pain, swelling, sores or lumps on your testicles or penis?	☐	
	16. *FOR FEMALES ONLY*		
☐	a. Have you had a hysterectomy?	☐	
☐	b. Are your menstrual periods regular? Date of last menstrual period: _____	☐	
☐	c. Ever have pain with your periods?	☐	
☐	d. Do you have excessive bleeding during your period?	☐	
☐	1. Between periods?	☐	
☐	2. After sexual relations?	☐	
☐	3. After going through the "change of life"?	☐	
☐	e. What type of birth control method are you using? (Circle appropriate)	☐	
☐	1. None	☐	
☐	2. Birth control pills	☐	
☐	3. IUD (Loop)	☐	
☐	4. Foam	☐	
☐	5. Diaphragm	☐	
☐	6. Method left up to man	☐	
☐	7. Sterilization	☐	
☐	8. Other: _____		
☐	f. Do you have a discharge now?	☐	
☐	g. When was your last Pap Smear? _____	☐	
☐	h. Ever had an abnormal Pap smear?	☐	
	i. How many times have you been pregnant?		
☐	1. Full term ____	☐	
☐	2. Premature ____	☐	
☐	3. Miscarriages ____	☐	
☐	4. Abortions ____	☐	
☐	5. Are you pregnant now?	☐	
☐	j. Do you examine you breasts regularly?	☐	
☐	k. Ever found any lumps in your breasts?	☐	
☐	l. Ever had discharge from your nipples?	☐	
	17. *SKIN*		
☑	Inspection, lesions, ulcers, tags, moles, insect bites, rashes, infections.	☐	

I certify that the foregoing information supplied by me is true and complete to the best of my knowledge.

02/12/11
Date

Signature of Patient

Signature of Person Reviewing History

TENNESSEE DEPARTMENT OF CORRECTION

REPORT OF PHYSICAL EXAMINATION

NAME Pleasant-Bey, Boaz INSTITUTION: WTSP 3

NUMBER 473110 DATE OF EXAM

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL	NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additional information.
	1. GENERAL: Appearance, Nails, and Identifying Marks, Tattoos, etc.		
	2. EYES: General, Opthalmoscopic; Pupils, and Ocular Motility		
	3. HEAD AND NECK		
	4. EARS: External and Otoscopic		
	5. MOUTH AND THROAT		
	6. NOSE AND SINUSES		
	7. LUNG AND CHEST		
	8. CARDIOVASCULAR: Heart and Vascular System		
	9. ABDOMEN: Inspection, Auscultation and Palpation		
	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
	11. G.U. SYSTEM a. Genitalia b. Hernia		
	12. PELVIC		
	13. ENDOCRINE		
	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities		
	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's		
	16. PSYCHIATRIC		
	17. SKIN: Inspection, lesions, ulcers, tags, moles, insect bites, rashes, infections.		

SUMMARY OF DEFECTS / CONDITIONS AND DIAGNOSIS

WORK CLASSIFICATION BASED ON PHYSICAL EXAMINATION:

PRINT NAME OF MEDICAL PRACTITIONER

SIGNATURE OF MEDICAL PRACTITIONER

CR-2007 (Rev. 10-07)

RDA 1458

NAME Pleasant-Bey, Barry NUMBER 473110

NO		YES	COMMENT(S)
	8. EARS		
☑	a. Do you have difficulty hearing?	☐	
☑	b. Have you had any earaches lately?	☐	
☑	c. Do you have repeated buzzing or ringing in your ears?	☐	I have had a buzzing sound before but only once.
	9. MOUTH, NOSE AND THROAT		
☐	a. Do you have any trouble with your teeth or gums?	☑	I had a temporary filling and I have one cavity
☐	b. When did you last see a dentist? Sometime ago	☐	
☐	c. Have you ever had sinus problems?	☑	
☑	d. Does you nose ever bleed for no reason at all?	☐	Not in extreme hot, my nose may bleed.
☑	e. Is your voice more hoarse now than in the past?	☐	I sing
	10. RESPIRATORY		
☑	a. Do you have a chronic cough?	☐	
☑	b. Do you cough up any material?	☐	
☑	c. Ever have trouble getting your breath after climbing one flight of stairs or walking one city block?	☐	
☑	d. Do you have frequent colds of influenza attacks?	☐	
	11. CARDIOVASCULAR		
☑	a. Ever get pains or tightness in your chest?	☐	
☑	b. Ever been bothered by a racing heart?	☐	
☑	c. Do you have shortness of breath while doing your usual work?	☐	
☑	d. Need more pillows at night to breathe?	☐	
☑	e. Do you have swollen feet and ankles?	☐	
☑	f. Do you use a lot of salt on your food?	☐	sometimes
	12. DIGESTIVE		
☑	a. Do you suffer discomfort in the pit of your stomach?	☐	
☐	1. Nausea	☐	
☐	2. Vomiting	☐	
☐	3. Indigestion	☐	
☐	4. Heartburn	☐	
☑	b. Is it painful or difficult for you to swallow liquids or solid foods?	☐	
☑	c. Do you have trouble with bowel movements?	☐	
☐	1. Hemorrhoids	☐	
☐	2. Bleeding	☐	
☐	3. Constipation	☐	
☐	4. Diarrhea	☐	
☐	5. Bloody or Black Stools	☐	
☐	6. Rectal Pain	☐	
	13. URINARY		
☑	a. Frequently get up at night to urinate?	☐	
☑	b. Ever had burning or pains when urinating?	☐	

NAME Pleasant-Bey, Beau NUMBER 473116

1. Family History: Have any of your family or relatives had any of the following? If so, specify who:

Heart Disease	NO	Tuberculosis	NO	Cancer	NO
Sickle Cell	NO	Diabetes	NO	Seizures	NO
Hypertension	NO	Mental Illness	NO	Other	NO

Are your parents still living? Yes

2. Social History:

Highest Grade Completed 12th Usual Occupation Self-Employed Marital Status Single

Previous Incarcerations None Old Number (TN, Other State, Federal)

Prior to Incarceration:

Used alcohol: Yes ____ No ✓ If yes, Daily ____ Weekly ____ Rarely ____

Other habit forming drug(s): Yes ____ No ✓ Name(s) of Drug(s): ____

Ever injected drugs (even once)? Yes ____ No ✓

3. When did you last see a doctor? At the Shelby County Jail

For What Reason: The doctor prescribed vitamins because I have problems eating various oldoranges.

4. Have you ever been told by a doctor that you now have or have had any of the following:
Answer questions by checking **yes** or **no**

NO		YES	COMMENT(S)
☑ a.	Rheumatic Fever	☐	
☑ b.	Heart trouble	☐	
☑ c.	High Blood Pressure	☐	
☑ d.	Thyroid trouble or Goiter	☐	
☑ e.	Diabetes	☐	
☑ f.	Kidney infections or Stones	☐	
☑ g.	Jaundice, hepatitis or liver disease	☐	
☑ h.	Ulcer	☐	
☑ i.	Pneumonia	☐	
☑ j.	Tuberculosis	☐	
☑ k.	Gallbladder Disease	☐	
☑ l.	Venereal Disease	☐	
☑ m.	Asthma	☐	
☑ n.	Emphysema	☐	
☑ o.	Anemia	☐	
☑ p.	Hemophilia	☐	
☑ q.	Cancer	☐	
☑ r.	Epilepsy or Seizure disorder	☐	
☐ s.	Allergies, (if yes, what? Hay fever)	☑	I'm allergic to pollen, dust and excessive heat (stuffy)
☑ t.	Any other serious illness, or injuries, operations, or hospitalizations?	☐	
☑ u.	Any history of treatment in a Mental Health Clinic or Psychiatric Hospital?	☐	

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GARCIA LABORATORY
2900 SPRINGPORT ROAD
JACKSON, MICHIGAN 49201
PHONE (517) 787-9200
FAX (517) 787-1249

Status: FINAL

ORDERING PHYSICIAN	NAME	SEX	ACCESSION NO.	CONTROL NO.
LEVECK, TERRENCE	Pleasant-bey, Boaz	M	202004843959	
FACILITY NO.	DOB	ACCOUNT NO.	DATE COLLECTED	DATE RESULTED
TTCC	06/18/1983		04/23/2020 21:07	04/26/2020 01:00
Trousdale Turner Corr Center TN 140 Macon Way HARTSVILLE, TN 37074	EMR ID	INMATE ID 473110		

Test Description	Result	Abnormal	Flag	Reference Range	Units	Prev Lab Res
NON-FASTING						
SARS COV 2 RNA, RT PCR (COVID 19)				Col: 04/23/2020		Status: F
SARS COV 2 RNA, RT PCR	NEGATIVE			NEGATIVE		

THESE RESULTS ARE FOR THE DETECTION OF SARS-COV-2 RNA. DETECTED RESULTS ARE INDICATIVE OF THE PRESENCE OF SARS-COV-2 RNA. CLINICAL CORRELATION WITH PATIENT HISTORY AND OTHER DIAGNOSTIC INFORMATION IS NECESSARY TO DETERMINE PATIENT INFECTION STATUS. POSITIVE RESULTS DO NOT RULE OUT BACTERIAL INFECTION OR CO-INFECTION WITH OTHER VIRUSES.
NEGATIVE RESULTS DO NOT PRECLUDE SARS-COV-2 INFECTION AND SHOULD NOT BE USED AS THE SOLE BASIS FOR PATIENT MANAGEMENT DECISIONS. NEGATIVE RESULTS MUST BE COMBINED WITH CLINICAL OBSERVATIONS, PATIENT HISTORY AND EPIDEMIOLOGICAL INFORMATION.
IMPROPER SPECIMEN COLLECTION CAN RESULT IN POSSIBLE FALSE NEGATIVE RESULTS.

Director: Lorenz P. Kielhorn, MD

5-4-20

Printed: 04/26/2020 03:00

-- End of Report --

Mountain States Health Alliance
d.b.a.
SYNERGY Laboratories

JOHNSON COUNTY COMMUNITY HOSPITAL
1901 South Shady Street, Mountain City, TN 37683
Phone: (423) 727-1100 Fax: (423) 727-1188
Yurong Wheeler, M.D., PhD. Laboratory Director, CLIA ID#
44D0946736

Patient: **PLEASENTBEY, BOAZ**
D.O.B: **06/18/1985** Age: **29** Sex: **M**
MRN#: G400594
Billing#: G40435188
Chart #:

COPY FOR: **GINT, INTERLAB**
1901 South Shady St
US
Mountain City, TN 37683

Requesting Dr.: **BERNARD, CLEMENT**

HEMATOLOGY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Automated Hematology					
Collected: 03/23/2015 09:50					
WBC	6.3		3.5-10.5	K/uL	
RBC	4.90		4.20-5.60	M/uL	
HGB	13.7		13.5-17.5	g/dL	
HCT	40.2		38.0-50.0	%	
MCV	82.0		80.0-100.0	fL	
MCH	28.0		26.0-34.0	pg	
MCHC	34.1		31.0-37.0	g/dL	
RDW	13.7		12.0-15.0	%	
Platelet Count	195		150-450	K/uL	
MPV	11.1	H	7.4-10.4	fL	
Differential					
Neutrophils	81	H	45-75	%	
Lymphocytes	11	L	20-50	%	
Monocytes	8		0-8	%	
Eosinophils	0		0-5	%	
Basophils	0		0-2	%	
Absolute Cell Count					
Absolute Neutrophils (including precursors)	5.1		1.5-7.0	K/uL	
Absolute Lymphocytes	0.7	L	0.8-4.0	K/uL	
Absolute Monocytes	0.5		0.0-0.9	K/uL	
Absolute Eosinophils	0.0		0.0-0.6	K/uL	
Absolute Basophils	0.0		0.0-0.2	K/uL	
Misc Hematology					
Collected: 03/23/2015 09:50					
Sedimentation Rate	5		0-15	mm/hr	

Clement Bernard, MD, NECX
MAR 26 2015

Sedimentation results may be affected by hemolysis, lipemia, markedly low or high hematocrits, or hemoglobinopathies.

CHEMISTRY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Complete Metabolic Panel					
Collected: 03/23/2015 09:50					
Glucose	124	H	70-99	mg/dL	

KEY FOR RESULTS:

LAB: L- LOW, H -HIGH, CL - CRITICAL LOW, CH - CRITICAL HIGH, AB - ABNORMAL

MIC: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET

Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

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CCF 000262

MOUNTAIN STATES HEALTH ALLIANCE
SYNERGY Laboratories

JOHNSON COUNTY COMMUNITY HOSPITAL
1901 South Shady Street, Mountain City, TN 37683
Phone: (423) 727-1100 Fax: (423) 727-1168
Yurong Wheeler, M.D., PhD. Laboratory Director, CLIA ID# 44D0946736

Patient: **PLEASENTBEY, BOAZ**
D.O.B: **06/18/1985** Age: **29** Sex: **M**
MRN#: G400594
Billing#: G40435188
Chart #:

COPY FOR: **GINT, INTERLAB**
1901 South Shady St
US
Mountain City, TN 37683

Requesting Dr.: **BERNARD, CLEMENT**

CHEMISTRY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Sodium	**135**	L	136-145	mmol/L	
Potassium	3.5		3.5-5.1	mmol/L	
Chloride	101		98-107	mmol/L	
CO2	26		22-32	mmol/L	
Osmolality, Calculated	270		266-293	mosm/L	
Anion Gap	8		5-15	mmol/L	
Calcium	9.3		8.6-10.0	mg/dL	
Calcium (corrected for albumin)	9.0		8.6-10.0	mg/dL	
BUN	8		6-20	mg/dL	
Creatinine	1.06		0.90-1.30	mg/dL	
BUN/Creatinine Ratio	8			RATIO	
eGFR Non African American	94		>60	ml/min/SA	
eGFR African American	109		>60	ml/min/SA	

Estimated GFR (eGFR) calculation was changed to the CKD-EPI equation on 06/03/13, per recommendations of National Kidney Foundation (http://www.kidney.org/)
Results should be interpreted with caution in situations that predispose to inaccuracies of the eGFR, including non-steady state creatinine (acute kidney injury), extremes of muscle mass/body size, high protein diets/supplement use, dialysis, loss of extracellular fluid, drugs interfering with renal tubular secretion (eg cimetidine, trimethoprim) or gut creatinase activity (antibiotics),and analytic interferences related to altered metabolites (glucose, ketones, bilirubin) or drugs. This equation has been validated using predominantly US/European black and white populations; accuracy in other races/ethnicities is not well defined.

2013 KDIGO eGFR categories:

G1	Normal or high	>90
G2	Mildly decr	60-89
G3a	Mild-Mod decr	45-59
G3b	Mod-Severe decr	30-44
G4	Severe decr	15-29
G5	Kidney failure	<15

These categories should be correlated with other clinical findings and urine albumin assessment.

Total Protein	7.5		6.4-8.3	g/dL
Albumin	4.4		3.5-5.2	g/dL
Bilirubin, Total	0.5		0.3-1.2	mg/dL
Alkaline Phosphatase	42		34-104	IU/L
AST	40		15-41	IU/L
ALT	24		17-63	IU/L

Clement Bernard, MD, NECX
MAR 26 2015

KEY FOR RESULTS:

LAB: L = LOW, H = HIGH, CL = CRITICAL LOW, CH = CRITICAL HIGH, AB = ABNORMAL

MIC: * = NEW RESULTS, ** = RESULT WAS MODIFIED AFTER FINAL STATUS SET

Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 70 of 200 PageID #: 1256
CCF 000270

JOHNSON COUNTY COMMUNITY HOSPITAL
1901 South Shady Street, Mountain City, TN 37683
Phone: (423) 727-1100 Fax: (423) 727-1166
Yurong Wheeler, M.D., PhD, Laboratory Director, CLIA ID# 44D0946736

Patient: **PLEASENTBEY, BOAZ**
D.O.B: **06/18/1985** Age: **29** Sex: **M**
MRN#: G400594
Billing#: ~~G40435100~~ Order#: ~~712303646~~

Requesting Dr.: **BERNARD, CLEMENT**
Patient Location: **INTERLAB**
Room: Bed:

HEMATOLOGY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Automated Hematology					
Collected: 03/23/2015 09:50					
WBC	6.3		3.5-10.5	K/uL	
RBC	4.90		4.20-5.60	M/uL	
HGB	13.7		13.5-17.5	g/dL	
HCT	40.2		38.0-50.0	%	
MCV	82.0		80.0-100.0	fL	
MCH	28.0		26.0-34.0	pg	
MCHC	34.1		31.0-37.0	g/dL	
RDW	13.7		12.0-15.0	%	
Platelet Count	195		150-450	K/uL	
MPV	11.1	H	7.4-10.4	fL	
Differential					
Neutrophils	81	H	45-75	%	
Lymphocytes	11	L	20-50	%	
Monocytes	8		0-8	%	
Eosinophils	0		0-5	%	
Basophils	0		0-2	%	
Absolute Cell Count					
Absolute Neutrophils (Including precursors)	5.1		1.5-7.0	K/uL	
Absolute Lymphocytes	0.7	L	0.8-4.0	K/uL	
Absolute Monocytes	0.5		0.0-0.9	K/uL	
Absolute Eosinophils	0.0		0.0-0.6	K/uL	
Absolute Basophils	0.0		0.0-0.2	K/uL	
Misc Hematology					
Collected: 03/23/2015 09:50					
Sedimentation Rate	5		0-15	mm/hr	

Clement Bernard, MD, NECX
MAR 24 2015

Sedimentation results may be affected by hemolysis, lipemia, markedly low or high hematocrits, or hemoglobinopathies.

CHEMISTRY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Complete Metabolic Panel					
Collected: 03/23/2015 09:50					
Glucose	124	H	70-99	mg/dL	
Sodium	135	L	136-145	mmol/L	
Potassium	3.5		3.5-5.1	mmol/L	

KEY FOR RESULTS:
LAB: L - LOW, H - HIGH, CL - CRITICAL LOW, CH - CRITICAL HIGH, AB - ABNORMAL
MICRO: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET
Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

JO[illegible]SON COUNTY COMMUNITY HOSPI[illegible]
1901 South Shady Street, Mountain City, TN 37683
Phone: (423) 727-1100 Fax: (423) 727-1168
Yurong Wheeler, M.D., PhD, Laboratory Director, CLIA ID# 44D0946736

Patient: **PLEASENTBEY, BOAZ**
D.O.B: **06/18/1985** Age: **29** Sex: **M**
MRN#: G400594
~~Billing#: G40435188~~ ~~Order#: 712303640~~

Requesting Dr.: **BERNARD, CLEMENT**
Patient Location: INTERLAB
Room: Bed:

CHEMISTRY

Test Name	Result	ABN	Ref-Ranges	Units	Performing Site
Chloride	101		98-107	mmol/L	
CO2	26		22-32	mmol/L	
Osmolality, Calculated	270		266-293	mosm/L	
Anion Gap	8		5-15	mmol/L	
Calcium	9.3		8.6-10.0	mg/dL	
Calcium (corrected for albumin)	9.0		8.6-10.0	mg/dL	
BUN	8		6-20	mg/dL	
Creatinine	1.06		0.90-1.30	mg/dL	
BUN/Creatinine Ratio	8			RATIO	
eGFR Non African American	94		>60	ml/min/SA	
eGFR African American	109		>60	ml/min/SA	

Estimated GFR (eGFR) calculation was changed to the CKD-EPI equation on 06/03/13, per recommendations of National Kidney Foundation (http://www.kidney.org/)
Results should be interpreted with caution in situations that predispose to inaccuracies of the eGFR, including non-steady state creatinine (acute kidney injury), extremes of muscle mass/body size, high protein diets/supplement use, dialysis, loss of extracellular fluid, drugs interfering with renal tubular secretion (eg cimetidine, trimethoprim) or gut creatinase activity (antibiotics), and analytic interferences related to altered metabolites (glucose, ketones, bilirubin) or drugs. This equation has been validated using predominantly US/European black and white populations; accuracy in other races/ethnicities is not well defined.

2013 KDIGO eGFR categories:

G1	Normal or high	=90
G2	Mildly decr	60-89
G3a	Mild-Mod decr	45-59
G3b	Mod-Severe decr	30-44
G4	Severe decr	15-29
G5	Kidney failure	<15

These categories should be correlated with other clinical findings and urine albumin assessment.

Total Protein	7.5		6.4-8.3	g/dL
Albumin	4.4		3.5-5.2	g/dL
Bilirubin, Total	0.5		0.3-1.2	mg/dL
Alkaline Phosphatase	42		34-104	IU/L
AST	40		15-41	IU/L
ALT	24		17-63	IU/L

Clement Bernard, MD, NECX
MAR 24 2015

KEY FOR RESULTS:
LAB: L-LOW, H-HIGH, CL - CRITICAL LOW, CH - CRITICAL HIGH, AB - ABNORMAL
MICRO: * - NEW RESULTS, ** - RESULT WAS MODIFIED AFTER FINAL STATUS SET
Perform Site Legend: A=JCMC B=IPMC C=SSH D=NSH E=JCSH F=FWCH G=JCCH H=DCH J=JMH M=SCCH N=NCH R=RCMC V=RCC

BioReference LABORATORIES

DOCTOR		
	T0329 - CMS WEST (00) 480 GREEN CHAPEL ROAD, HENNING, TN 38041 731-738-5044 (T0329)	-FINAL-

NAME	INMATE ID	MEDICAL RECORD	PHONE	DOB	AGE
PLEASANT-BEY, BOAZ	473110			06/18/1983	27 Y

LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	PROVIDER / GROUP NAME
101394483	02/18/2011	02/18/2011 23:21	02/19/2011 14:08	WILLIE, DON

Test Description	Result	Abnormal	Reference	Units
CHEMISTRY				
Total Protein	7.9		5.9-8.4	gm/dl
Albumin	4.8		3.2-5.2	gm/dl
Globulin	3.1		1.7-3.7	gm/dL
A/G Ratio	1.5		1.1-2.9	
Glucose	88		70-99	mg/dL
Sodium	138		133-145	mmol/L
Potassium	3.6		3.3-5.3	mmol/L
Chloride	100		96-108	mmol/L
CO2	21		21-29	mmol/L
BUN	13		7-25	mg/dl
Creatinine	1.1		0.6-1.3	mg/dl
e-GFR	80		> 60 mL/min/1.73m2	
BUN/Creat Ratio	11.8		10-28	
Calcium	9.6		8.4-10.4	mg/dl
Uric Acid	4.1		2.4-7.0	mg/dl
Iron	118		30-160	mcg/dl
Bilirubin, Total	0.4		0.1-1.0	mg/dl
LDH	192		94-250	u/l
Alk Phos	57		39-120	u/l
AST (SGOT)	30		< 37	u/l
Phosphorous	3.6		2.6-4.5	mg
ALT (SGPT)	20		< 40	u/L
G-GTP	23		7-51	u/l

DONALD WILLIE F.N.P.

****

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

CARDIOVASCULAR/LIPIDS				
Cholesterol		**200 HI**	< 200	mg/
Triglycerides	111		< 151	mg/
HDL CHOL.,DIRECT	49		>40	mg/dl

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Continued on Next Page

James Weisberger, MD
LABORATORY DIRECTOR

481
Elmw

BioReference LABORATORIES

DOCTOR		
	T0329 - CMS WEST (00) 480 GREEN CHAPEL ROAD, HENNING, TN 38041 731-738-5044 (T0329)	-FINAL-

NAME	INMATE ID	MEDICAL RECORD	PHONE	DOB	AGE
PLEASANT-BEY, BOAZ	473110			06/18/1983	27

LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	PROVIDER / GROUP NAME
101394483	02/18/2011	02/18/2011 23:21	02/19/2011 14:08	WILLIE, DON

Test Description	Result	Abnormal	Reference	Units
HDL as % of Cholesterol	25			%
Range/Evaluation: (15-25)	AVERAGE RISK			
Chol/HDL Ratio	4.08			
Range/Evaluation: (<4.2)	BELOW AVERAGE RISK			
LDL/HDL Ratio	2.63		0-3.55	
LDL Cholesterol		**129 HI**	< 100	
HEMATOLOGY				
WBC	5.24		3.40-11.80	x10(3)/uL
RBC	5.53		4.20-5.90	x10(6)/uL
HGB	15.5		12.3-17.0	gm/dL
HCT	47.1		39.3-52.5	%
MCV	85.2		80.0-100.0	fL
MCH	28.0		25.0-34.1	pg
MCHC	32.9		29.0-35.0	gm/dL
RDW	13.9		10.9-16.9	%
POLYS	38.4		36.0-78.0	%
POLYS, ABS. COUNT	2.01		1.22-9.20	x10(3)
LYMPHS		**50.6 HI**	12.0-48.0	%
LYMPHS, ABS. COUNT	2.65		0.41-5.66	x10(3)/u
MONOS	9.5		0.0-13.0	%
MONOS, ABS. COUNT	0.50		0.17-1.42	x10
EOS	1.3		0.0-8.0	%
EOS, ABS. COUNT	0.07		0.03-0.94	x1
BASOS	0.2		0.0-2.0	%
BASOS, ABS. COUNT	0.01		0.00-0.24	x1
IMMATURE GRANULOCYTES	0.0		0.0-1.6	%
Platelet Count	205		144-400	x10(
MPV	10.6		8.2-11.9	fL
URINALYSIS				
Color	YELLOW		YELLOW, STRAW, AMBER	
Character	CLEAR		CLEAR	
Specific Gravity URN	1.028		1.003 - 1.030	
pH Urine	6.0		5.0 - 8.0	
Protein, Urine	NEGATIVE		NEGATIVE	
Glucose, Urine	NEGATIVE		NEGATIVE	

DONALD WILLIE F.N.P.

Printed: 02/23/2011 07:30

Continued on Next Page

James Weisberger, MD
LABORATORY DIRECTOR

481 Edw
Elmwo

BioReference LABORATORIES

DOCTOR		
	T0329 - CMS WEST (00) 480 GREEN CHAPEL ROAD, HENNING, TN 38041 731-738-5044 (T0329)	-FINAL-

NAME	INMATE ID	MEDICAL RECORD	PHONE	DOB	AGE
PLEASANT-BEY, BOAZ	473110			06/18/1983	27 Yr

LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	PROVIDER / GROUP NAME
101394483	02/18/2011	02/18/2011 23:21	02/19/2011 14:08	WILLIE, DON

Test Description	Result	Abnormal	Reference	Units
Ketone, Urine	NEGATIVE		NEGATIVE	
Urobilinogen Urine	0.2		0.2 - 1.0	Units
Bilirubin, Urine	NEGATIVE		NEGATIVE	
Blood, Urine	NEGATIVE		NEGATIVE	
Nitrites Urine	NEGATIVE		NEGATIVE	
Leukocyte Esterase		**TRACE ***	NEGATIVE	
Crystals Urine	NONE		NONE	
Crystal Amt. Urine	NONE		NONE	
WBC, Urine	0-4		0-4	PER HPF
RBC, Urine	NONE SEEN		NONE SEEN	PER HPF
Epithelial Cells, Ur	NONE		FEW	
Cast, Hyaline, Urine	NONE SEEN		0-4	PER LPF
Cast, Granular, Urin	NONE SEEN		0-1	PER LPF
Cast, RBC, Urine	NONE SEEN		0-1	PER LPF
Bacteria, Urine	NONE		FEW	

****

NOTE: Significant quantities of epithelial cells will be identified if they are not squamous cell types.

MISCELLANEOUS

RPR	NON-REACT	NON-REACTIVE
HIV 1/O/2 ANTIBODY	Non-Reactive	Non-Reactive

NOTE: Patients nonreactive for HIV antibody MAY BE infected but have not yet seroconverted. If a nonreactive result seems inconsistent with the clinical setting, RESUBMIT a new specimen for retest in 1-3 months.

ASSAY INFORMATION: Assay for the Detection of Antibodies to Human Immunodeficiency Virus Type 1, including Group O (HIV-1 + "O") and/or Type 2 (HIV-2). Method: Chemiluminescence (Siemens Healthcare Diagnostics)

DONALD WILLIE F.N.P.

****

NOTICE: IF the result of the RPR is reported as reactive with a titer of up to 1:8 please note that this level of reactivity can be caused by other, non-specific constituents and may not be related to syphilis. Confirmation of positive RPRs can only be made via performance of the T. Pallidum confirmation test.

GC,AMPLI.,DNA	Negative	Negative
CHLAM,AMPLI.,DNA	Negative	Negative

****

NOTE: Test# 3800 and 2661 (GC and Chlamydia, Amplified DNA) performed using BD Probetec Amplified DNA Assay.

****

NOTE: Rare cross-reactivity may occur in the BD Probetec amplified DNA

Printed: 02/23/2011 07:30

Continued on Next Page

James Weisberger, MD
LABORATORY DIRECTOR

481 Edw
Elmwood

Order Form 1206/4 (If 4-part set) or
Order Form 1206/5 (If 5-part set)

PHYSICIAN'S ORDERS

NAME Pleasant-Bey Boaz
ROOM NO. (ADDRESS) 473110
HOSP. NO. TTCC
PHYSICIAN Kennedy

6-18-83
Drug Allergies
NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS → 1	Nurse's Initials
4/21/2020 10:22	1) U.A A&D ointment (take use small amount to BS - bid x 30 days (top skin	Lorrie Henson, MD	

NEED urine by thursday 4/23/20 @ 11:45

CoreCivic

Medication Administration Record April 01, 2020 - May 01, 2020

Medications	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
vitamin A & D topical Variable Topical OINT (A+D) Topical AT BEDTIME (30 Days) for DRY SKIN KOP Rx 2636753007S/D:04/22/20 D/C:05/21/20 Prescriber:Lorrie Henson Entered by: Ashley Howard	19:30																						2	2	2	2	2	2	MK	KOP	KOP	

KOP Given Through: 5/21/2020 11:59:00PM
KOP count: 1

CCI 000277

DOB:06/18/1983 Sex: M Allergies: NKDA Diagnosis:
Unit: TTCC-W
PLEASANT-BEY, BOAZ DOC #00473110

MK	Key, Michelle
NA -Not Admin, PR -Pre-Live,CP - Complete, KOP - Keep on Person,ND - Not Documented, PA - Partially Administered, 1-Refused, 2-Inmate did not report, 3-Not in Cell, 4- Security Lockdown, 5 - Medication Held, 6 - Medication Out of Stock, 7 - No Show, 8 - Not in Cart, 9 - No Inmate ID, 10-Other	

1 = Refused; 2 = Inmate did not report; 3 = Not in Cell; 4 = Security Lockdown; 5 = Medication Held; 6 = Medication Out of Stock; 7 = No Show; 8 = Not in Cart; 9 = No Inmate ID; 10 = Other; 18 = Unknown; PA = Partially Administered

Order Form 1206/4 (if 4-part set) or
Order Form 1206/5 (if 5-part set)

PHYSICIAN'S ORDERS

NAME Pleasant-Bey, Boaz

ROOM NO. (ADDRESS) 473110

HOSP. NO.

PHYSICIAN TCIX-M 6659
Alacia Bigham, MD

DOB: 6.18.83

Drug Allergies
NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS → 1	Nurse's Initials
3/5/18	1135 ~~TCH~~ ① Tdap SOON as td can due 2011	Thomas M. Kessler Family Medicine Physician Centurion/TN Dept of Corr	

Form 1206 BRIGGS, Des Moines, IA 50306 (800) 247-2343 www.BriggsCorp.com
PRINTED IN U.S.A.

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Standing Orders for Administering Inactivated Influenza Vaccines

Protocol: Under these standing orders, qualified healthcare personnel where allowed by state law, may vaccinate TDOC inmates who meet any of the criteria below.

Procedure:

1. Identify inmates and health care workers in need of influenza vaccination based on the following priority groups:

   a) Pregnant inmates
   b) Inmates aged ≥50 years;
   c) Inmates with chronic pulmonary (including asthma), cardiovascular (excluding hypertension); renal; hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
   d) Inmates aged ≤18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye's syndrome after influenza virus infection
   e) Morbidly obese (body-mass index ≥ 40)
   f) All other inmates

2. Screen all inmates and healthcare workers for contraindications and precautions to the influenza vaccine:
   a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

   b. Precautions: moderate or severe acute illness with or without fever; history of Guillain-Barre syndrome within 6 weeks of a previous influenza vaccination

3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Document in the patient's medical record or office log, the VIS publication date and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis .

4. Follow the Center for Disease Control's recommendations for vaccine dosage, administration and storage:
   - Multidose vials contain a small amount of thimerosal as a preservative. Preservative-free vaccines are single dose. Vaccines must be stored in a refrigerator at temperatures between 35°F-46°F (2°C-8°C) and should not be frozen. Adults should be vaccinated in the deltoid muscle using a 22-25g, 1- 1½ inch needle and a 1cc syringe . An adult dose is 0.5 ml. IM.
   - A ⅝ inch needle may be used for adults weighing less than 130 lbs (<60 kg) for the injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle.

5. Document each inmate's vaccine administration information and follow up in the following places:
   a. Health Record: record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine.

   b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

This standing order shall remain in effect for all patients of the NECX (Facility)

until rescinded or until 4/1/2018 (Date)

Facility Medical Director's signature: D. Miller, MD Effective Date: 10/2/2017

Order Form 1206/4TP (if 4-part set, 5-hole top punch)

Order Form 1206/5 (if 5-part set)
Order Form 1206/5TP (if 5-part set, 5-hole top punch)

PHYSICIAN'S ORDERS

NAME Pleasant-Bey, Boaz

ROOM NO. (ADDRESS) NECK

HOSP. NO. 473110

PHYSICIAN Bernard

DOB: 6/18/83

Drug Allergies NKA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
6-23-17 855 NECK	CBC CMP FLP UA/UDS Please Done Sidney Ballard NPC Sidney Ballard, NP-C -noted on 6-23-17 @ 1030- Try Beam Up		

Form 1206 BRIGGS, Des Moines, IA 50306 (800) 247-2343 PRINTED IN U.S.A.

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDE

Order Form 1206/4 (if 4-part set)
Order Form 1206/4TP (if 4-part set, 5-hole top punch)

Order Form 1206/5 (if 5-part set)
Order Form 1206/5TP (if 5-part set, 5-hole top punch)

PHYSICIAN'S ORDERS

NAME Pleasant-Baile Boaz

ROOM NO. (ADDRESS) NECX

HOSP. NO. 473110

PHYSICIAN Bernard 6-18-83

Drug Allergies NKA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
3/24/15	AVO x 3 days		
1000	V/O Dr. Bernard / Jenifer Buckner		
	NECX		
	Noted 3/24/15 Jenifer Buckner 1000		

Clement Bernard, MD, NECX

MAR 25 2015

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PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDER

CCF 000281

Standing Orders for Administering Inactivated Influenza Vaccines

Protocol: Under these standing orders, qualified healthcare personnel where allowed by state law, may vaccinate TDOC inmates who meet any of the criteria below.

Procedure:

1. Identify inmates and health care workers in need of influenza vaccination based on the following priority groups:
   a) All clinic health care workers;
   b) Pregnant inmates
   c) Inmates aged ≥50 years;
   d) Inmates with chronic pulmonary (including asthma), cardiovascular (excluding hypertension); renal; hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
   e) Inmates aged ≤18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye's syndrome after influenza virus infection
   f) Morbidly obese (body-mass index ≥ 40)
   g) All other inmates

2. Screen all inmates and healthcare workers for contraindications and precautions to the influenza vaccine:
   a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

   b. Precautions: moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Document in the patient's medical record or office log, the VIS publication date and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis .

4. Follow the Center for Disease Control's recommendations for vaccine dosage, administration and storage:
   - Multidose vials contain a small amount of thimerosal as a preservative. Preservative-free vaccines are single dose. Vaccines must be stored in a refrigerator at temperatures between 35°F-46°F (2°C-8°C) and should not be frozen. Adults should be vaccinated in the deltoid muscle using a 22-25g, 1- 1½ inch needle. An adult dose is 0.5 ml. IM.
   - A ⅝ inch needle may be used for adults weighing less than 130 lbs (<60 kg) for the injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle.

5. Document each inmate's vaccine administration information and follow up in the following places:
   a. Health Record: record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine.

   b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

This standing order shall remain in effect for all patients of the NECX (Facility)

until rescinded or until 4/3/14 (Date).

Facility Medical Director's signature: _____ Effective Date: 9/14/15

Clement Bernard, MD

ATTACHMENT D

PHYSICIAN'S ORDERS

NAME Pleasent-bey, Boaz
ROOM NO. (ADDRESS) nsex
HOSP. NO. 473110
PHYSICIAN

D.O.B 6-18-83

Drug Allergies NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
9/25/13 0235 NEOX	1. Claritin 10 mg po daily x 30 days P.O. Dr. Bernard / Nancy Riegel RN noted: Nancy Riegel RN 9-25-13 2240		
10/13/13 0720 NEOX	protocol: Tylenol 325mg, 2 tablets, 3 times/dday as needed (not to exceed 24 tabs)KOP CTM4mg Take 1 Tablet 3 Times a Day (Not to exceed 24 tablets)KOP per protocol order Angela Lowis RN noted Angela Lowis RN 10/13/13 0720 Dr. Clement Bernard, MD		
3/23/15 0900	CBC CMP Blood tube, stat IVF- NS @ 150/hr. for 1 L Re-Orthostatics when fluids done, Noted 3/23/15 Jenny Buck RN 0900 Casey Palmer RN 3-23-15		

MEDICATION ADMINISTRATION RECORD

Facility:

Month: October 2013

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AL	CTM4mg Take 1 Tablet 3 Times a Day (Not to exceed 24 tablets)~~KOP~~ Prescriber Order Date 10/15/13 Start Date 10/15/13 Stop Date 10/21/13	7 12 1														AL																	
AL	Tylenol 325mg, 2 tablets, 3 times/dday as needed (not to exceed 24 tabs)KOP Prescriber Order Date 10/15/13 Start Date 10/15/13 Stop Date 10/21/13	PRN														#2 Bed AL																	
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

Allergies: NKDA

6/18/95
473110
DOB/Inmate #:

Location: 6505

Name: Pleasent-bey, Boaz

#3150 REV 4/10

CCI 000284

MEDICATION ADMINISTRATION RECORD

Facility: NECA

Month: Oct. 2013

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MA	Claritin 10mg po daily x 30 Days Prescriber Bernard Order Date 9-25-13 Start Date 7-23-13 Stop Date 10-25-13	7A																															
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

Allergies: NKDA

6-18-83

DOB

473110

Inmate #:

Location:

Pleasent-bey, Boaz

Name:

#3150 REV 4/10

CCI 000285

MEDICATION ADMINISTRATION RECORD

Facility: NECX **Month:** Sept. 2013

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
nc	Claritin 10 mg po daily x 30 days Prescriber Bernard Order Date 9-25-13 Start Date 7-23-13 Stop Date 10-25-13	7A																															
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

Allergies: NKDA

6-18-83

473110

DOB/Inmate #:

Location:

Pleasent-bey, Boaz

Name:

#3150 REV 4/10

CCI 000286

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 1/28/13	Claritin 10mg PO daily x90 days (KOP) topdocks 1/28/13	K 9
DISCONTINUE 03/31/13		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
HW	Hayley Blackwell			CW	Carmella Wilfong RN				

LOCATION | DATE OF BIRTH & SOCIAL SEC. NO. 6/18/89 | ALLERGIES NKDA | DIAGNOSIS

PATIENT NAME AND NUMBER Pleasant - Bed Board 4/2/13 | FACILITY WCFA | CHARTING FOR 4/1/13 THROUGH 4/31/13

CCI 000287

Order Form 1206/4 (If 4-part set) or
Order Form 1206/5 (If 5-part set)

PHYSICIAN'S ORDERS

NAME Pleasant-Berg, Boaz
ROOM NO. (ADDRESS) WCFA
HOSP. NO. 473110
PHYSICIAN Briefing Docks

6/18/83

Drug Allergies NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
7/5/13 1300	CTM 1 PO TID x ~~30~~ 8 days KOP # 24 given pp T. Graham-Doaks NP-C / Laura Morgan RN noted 1300 7/5/13 Laura Morgan RN Taarna Graham-Doaks, NP Taarna Graham-Doaks, NP-C Willowville Correctional Facility Date 7/5/13 Time 1307		
7-23-13 @ 1258pm	Claritin 10mg po daily x 90 days T. Graham-Doaks NP / Carmella Washington LPN noted Taarna Graham-Doaks, NP-C Willowville Correctional Facility Date 7-23-13 Time 1420		

Form 1206 BRIGGS, Des Moines, IA 50306 (800) 247-2343 www.BriggsCorp.com PRINTED IN U.S.A.

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S (

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

NECK

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 7/05/13	Claretin 10mg PO daily x90 days (KOP) topdocks/HMB	K 7 # 30 CW
DISCONTINUE 10/03/13		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
HMB	Hayley Blakemore			CW	Carmella Washington				

LOCATION | DATE OF BIRTH & SOCIAL SECURITY NO. 6/18/89 | ALLERGIES NKDA | DIAGNOSIS

PATIENT NAME AND NUMBER Plunkett - bed [illegible] 4/23/13 | FACILITY WCFA | CHARTING FOR 10/2013 | PHYSICIAN 10/2013

CCI 000289

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 7/5/13	CTM T PO TIDX 8days #24given	K
DISCONTINUE 7/13/13	T.Graham Parks,NP-C/Dm	Q
ORIGINAL ORDER 7-23-13	Claritin 10mg po daily x90 days TCAP/CW	K Q
DISCONTINUE 10-23-13		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
CW	Carmella Washington RN					DM	Dana Magee RN		
DK	Dana Kennedy RN								

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. 6/18/83 | ALLERGIES NKDA | DIAGNOSIS

PATIENT NAME AND NUMBER Pleasant-Bey, Boaz 473110 | FACILITY WXFA | CHARTING FOR 7/5/13 | THROUGH 7/31/13

CCI 000290

PHYSICIAN'S ORDERS

NAME Pleasant-Bey, Boaz
ROOM NO. (ADDRESS) 473110
HOSP. NO.
PHYSICIAN 6/18/83

NKDA
Drug Allergies

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A NUMBER SHOWS →	Nurse's Initials

11/12/12 1554 Mrs Entine from Mental Health. Elaine Kirk, A.P.N. Psy-Mental Health N.P
Elaine Kirk
noted 11/12/12 @ 1930 Charlotte Maples, RN

1-4-13 950A ① ducolax tab 2 po now
② colace one q d x 5d #5 KOP
pp on Breitling Blenderman (R)
noted 1-4-13 950A Blenderman (R)
Melissa Breitling, M.D.
6'08 pm on 1/10/2013

4/23/13 1710 Refer to Mr. Ritchie
RE: PTSD issues
Elaine Kirk
Elaine Kirk, A.P.N. Psy-Mental Health N.P
noted 4/23/13 @ 2210 Charlotte Maples RN

FORM CCA 1206

PHYSICIAN'S ORDERS

CCF 000291

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

NEGX

CCI 000292

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 7-23-13	Claritin 10mg PO daily x90 days tyjbooks/HB	K Q P (30) 7/23
DISCONTINUE 10-23-13		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
HB	Hayle Blakeweller					CW	Carmella Wakefield		

LOCATION

DATE OF BIRTH OR SOCIAL SECURITY NO. 12-18-83

ALLERGIES NKDA

PATIENT NAME AND NUMBER Pleasant-Bey, Bong 473110

FACILITY WCFA

CHARTING FOR 8-1-13

THROUGH 8-31-13

DIAGNOSIS

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9-14-13	2 x rtec 10 mg Take one tablet orally once daily Breithr	K 0 1
DISCONTINUE 9-14-13		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
				KM	Kimmel				

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. 6-18-83 | ALLERGIES 47310 | DIAGNOSIS

PATIENT NAME AND NUMBER Pleasant, Ray Boo | FACILITY Hcit | CHARTING FOR 9-13 | THROUGH 9-30-13

CCI 000293

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9/11/12	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD	
DISCONTINUE 3/11/13	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP*	KOP 10 * 30 9N
50635554	JF	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		VE	Vessica Bonilla Vanessa Bonilla						

LOCATION: ME 107
DATE OF BIRTH OR SOC. SEC. NO.: 06/18/83
ALLERGIES: NO KNOWN DRUG ALLERGY
DIAGNOSIS:
PATIENT NAME AND NUMBER: PLEASANT. BEY BOAZ 473110
FACILITY: HARDEMAN CO CORR FACILITY
CHARTING FOR: 03/01/2013
THROUGH: 03/31/2013

CCI 000294

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9/11/12 DISCONTINUE 3/11/13 50635554	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP* JF	#30 1 11 KOP
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		JF	Jessica Jordan LPN						

LOCATION: MER07
DATE OF BIRTH OR SOC. SEC. NO.: 06/18/83
ALLERGIES: NO KNOWN DRUG ALLERGY
DIAGNOSIS:
PATIENT NAME AND NUMBER: PLEASANT. BEY BOAZ 473110
FACILITY: HARDEMAN CO CORR FACILITY
CHARTING FOR: 02/01/2013
THROUGH: 02/28/2013

CCI 000295

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 1-4-13 DISCONTINUE —	Ducolax 2 po now Dr Breitling	8
ORIGINAL ORDER 1-4-13 DISCONTINUE	Colace one po qd x 5d #5 KOP Dr Breitling	#1 5 8
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. | ALLERGIES NKMA | DIAGNOSIS

PATIENT NAME AND NUMBER Pleasant Bey Boone 473110 | FACILITY CCA - HARDEMAN COUNTY | CHARTING FOR | THROUGH

CCI 000296

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9/1/12	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD	
DISCONTINUE 3.11.13	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP* #30 0 Ref	KOP
50635554		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: ME 105
DATE OF BIRTH OR SOC. SEC. NO.: 06/18/83
ALLERGIES: NO KNOWN DRUG ALLERGY
DIAGNOSIS:
PATIENT NAME AND NUMBER: PLEASANT, BEY BOAZ 473119
FACILITY: HARDEMAN CO CORR FACILITY
CHARTING FOR: 01/01/2013 THROUGH: 01/31/2013

CCI 000297

PHYSICIAN'S ORDERS

HCCF

NAME Pleasant-Bey, Boaz
ROOM NO. (ADDRESS) 473110
HOSP. NO. 6/18/1983
PHYSICIAN Davis NPC

Drug Allergies NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A NUMBER SHOWS →	Nurse's Initials

2/23/2012
@1102am (1) DIC all previous CCC meds
(2) Zyrtec 10mg PO QD X 180days KOP

Vanessa Davis NPC

Vanessa Davis
FNP

Muted Monica Strickland 2/23/12 2100

8/16/12 2045 ① May have property
② FNP in clinic 1 week

Kevin Turner, MD, Psychiatrist

9/11/12 5:00 ① Zyrtec 10 mg po q day X 180 days (KOP).

Melissa Breitling, M.D.

Kathleen Hyde 9/11/12

FORM CCA 1206

PHYSICIAN'S ORDERS

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.4209

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9/11/12 DISCONTINUE 3/11/13 50635554	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP 11/23 #30 KP	KP
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		KP	Kimberly Price LP						

LOCATION: ME105
DATE OF BIRTH OR SOC. SEC. NO.: 06/18/83
ALLERGIES: NO KNOWN DRUG ALLERGY
DIAGNOSIS:
PATIENT NAME AND NUMBER: PLEASANT. BEY BOAZ 473110
FACILITY: HARDEMAN CO CORR FACILITY
CHARTING FOR: 12/01/2012
THROUGH: 12/31/2012

CCI 000299

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR
ORIGINAL ORDER 9/11/12	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD	#30 10/17
DISCONTINUE 3/11/13	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP*	KOP
50635554	JF	

#30 10/17
KOP

#30 QHS

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		JF	Jessica Goodlow LPN				Cindy L Kenyon LPN

LOCATION ME 105
DATE OF BIRTH OR SOC. SEC. NO. 06/18/83
ALLERGIES NO KNOWN DRUG ALLERGY
DIAGNOSIS
INMATE NAME AND NUMBER PLEASANT. BEY BOAZ 473110
FACILITY HARDEMAN CO CORR FACILITY
CHARTING FOR 11/01/2012 THROUGH 11/30/2012

CCI 000300

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR
ORIGINAL ORDER 9.11.12	**Cetirizine 10mg Tablet** Brand: ZYRTEC MELISSA A BREITLING, MD	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE 3.11.13 50635554	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP* #30 9/17 KOP	# 30 ORL
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: MC 105
DATE OF BIRTH OR SOC. SEC. NO.: 06/18/83
ALLERGIES: NO KNOWN DRUG ALLERGY
DIAGNOSIS:
INMATE NAME AND NUMBER: PLEASANT. BEY BOAZ 473110
FACILITY: HARDEMAN CO CORR FACILITY
CHARTING FOR: 10/01/2012 THROUGH: 10/31/2012

CCI 000301

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 9/11/12	Zyrtec 10mg po q d x180d	KOP # 30 PHR
DISCONTINUE 3/11/13	Breathing KP	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		KP	Kathleen Price						Melinda Kaufman

LOCATION MEIOS
DATE OF BIRTH OR SOC. SEC. NO.
ALLERGIES NKDA
INMATE NAME AND NUMBER Pinsint-Ba Boa-#192410
FACILITY HCCF
CHARTING FOR 9/1/12
THROUGH 9/30/12
DIAGNOSIS

CCI 000302

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 2.23.12	Zyprexa 10mg PO QD x 180d	
DISCONTINUE 9.23.12	Dawn	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION

DATE OF BIRTH OR SOC. SEC. NO. 6/18/83

ALLERGIES NKDA

DIAGNOSIS

INMATE NAME AND NUMBER [illegible] R [illegible]

FACILITY HCF

CHARTING FOR 9.1.12 THROUGH 9.30.12

CCI 000303

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIGINAL ORDER 2-23-12	**Cetirizine 10mg Tablet** #30 7/26		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Brand: ZYRTEC VANESSA DAVIS	KOP																															
DISCONTINUE 9-23-12	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP*																																
44916439		VAS																															
ORIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCONTINUE																																	
ORIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCONTINUE																																	
ORIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCONTINUE																																	
ORIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCONTINUE																																	
ORIGINAL ORDER			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
VAS	VAnna Stanton LPN								

LOCATION	DATE OF BIRTH OR SOC. SEC. NO.	ALLERGIES	DIAGNOSIS
	06/18/83	NO KNOWN DRUG ALLERGY	

INMATE NAME AND NUMBER	FACILITY	CHARTING FOR	THROUGH
PLEASANT. BEY BOAZ 473110	HARDEMAN CO CORR FACILITY	08/01/2012	08/31/2012

CCI 000304

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 2/23/22 DISCONTINUE 7/23/22 44916439	**Cetirizine 10mg Tablet** #30 6/4 Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP*	KOP … #30 6/4
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION MB204 | DATE OF BIRTH OR SOC. SEC. NO. 06/18/83 | ALLERGIES NO KNOWN DRUG ALLERGY | DIAGNOSIS

INMATE NAME AND NUMBER PLEASANT BEY BOAZ 473[illegible] | FACILITY [illegible] | CHARTING FOR [illegible] | THROUGH [illegible]

CCI 000305

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 2-23-12	Cetirizine 10mg Tablet Brand: ZYRTEC VANESSA DAVIS	
DISCONTINUE 2-23-12 4916439	TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP* # may Dr	KOP # 30
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
			Jo Jane Lawson						

LOCATION MB204
DATE OF BIRTH OR SOC. SEC. NO. 06/18/83
ALLERGIES NO KNOWN DRUG ALLERGY
DIAGNOSIS
INMATE NAME AND NUMBER
FACILITY HARDEMAN CO CORR FACILITY
CHARTING FOR 06/01/2012
THROUGH 06/30/2012

CCI 000306

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 2317	Cetirizine 10mg Tablet Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP* #30 417	KOP
DISCONTINUE 1:23:12 4916439		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		JO	Jane Doe						

LOCATION MB204

DATE OF BIRTH OR SOC. SEC. NO. 06/18/83

ALLERGIES NO KNOWN DRUG ALLERGY

INMATE NAME AND NUMBER

FACILITY MENARD CORR FACILITY

CHARTING FOR 05/01/2012

THROUGH 05/31/2012

DIAGNOSIS

CCI 000307

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 2.23.17 DISCONTINUE 7.23.17 44916439	Cetirizine 10mg Tablet Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY *KOP*	#30 issued 3/15 KOP
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION 4B204 DATE OF BIRTH OR SOC. SEC. NO. 06/18/83 ALLERGIES NO KNOWN DRUG ALLERGY DIAGNOSIS

INMATE NAME AND NUMBER PLEASANT, REX BOAZ 471 FACILITY HARRELSON CO GORR FACILITY CHARTING FOR 04/01/2012 THROUGH 04/30/2012

CCI 000308

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIGINAL ORDER 2.23.12	Zytec 10mg po QD x 180d																																
DISCONTINUE 9.23.12 DWis		KAP																		1 30 90													
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION: MB 204
DATE OF BIRTH OR SOC SEC NO: 6/18/83
ALLERGIES: NKDA
DIAGNOSIS:
INMATE NAME AND NUMBER: Pleasant-Bey, Brad 403110
FACILITY: HCF
CHARTING FOR: 3.1.12 THROUGH 3.31.12

CCI 000309

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 12/05/11 DISCONTINUE 12/25/12 3160176	Cetirizine 10mg Tablet Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY 8 - Oct. - Nov.	
ORIGINAL ORDER 1/23/12 DISCONTINUE 2/3/12	Zyrtec 10mg po QD x180 days Davis MS	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION

INMATE NAME AND NUMBER

DATE OF BIRTH OR SOC. SEC. NO
06/18/83

ALLERGIES
NO KNOWN DRUG ALLERGY

FACILITY
[illegible] CO CORR FACILITY

CHARTING FOR
02/01/2012

THROUGH
02/29/2012

DIAGNOSIS

CCI 000310

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 4/25/11	**Cetirizine 10mg Tablet** Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY Oct + Nov	X 9
DISCONTINUE 2/25/12 3160176		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
CZ									

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.
06/18/83

ALLERGIES
NO KNOWN DRUG ALLERGY

DIAGNOSIS

CHARTING FOR
01/01/2012

THROUGH
01/31/2012

INMATE NAME AND NUMBER

FACILITY

CCI 000311

Physician's Order Sheet

PHYSICIAN MUST SIGN ALL ORDERS

Inmate/Resident Name: Pleasant Bobby
Inmate/Resident #: 473110 B002
Inmate/Resident DOB: 06/18/1983
Allergies: NKDA

DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS ----------→

DATE	HOUR	DOCTOR'S ORDER
8/24/2011	1030	(1) DIC Claritin (2) Zyrtec 10mg PO QDX 10 days KOP Vanessa Davis FNP
11/14/2011	1038	(1) Bactrim DS ; PO BID X 14 days KOP (2) motrin 600mg PO TIDX 10 days KOP Vanessa Davis FNP

noted 11-14-2011 1040A Glenda Simmons

MEDICAL RECORDS

Proprietary Information – Not For Distribution – Copyrighted

8/23/09
Property of Corrections Corporation of America

Physician's Order Sheet

DCCF

PHYSICIAN MUST SIGN ALL ORDERS

Inmate/Resident Name: Pleasant, Bey Boaz

Inmate/Resident #: 473110

Inmate/Resident DOB: 6/18/83

Allergies: NKDA

DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS ----------→

DATE	HOUR	DOCTOR'S ORDER
3/21/11	2:45 pm	Claritin 10 mg po q d X 14 d # 30 3/21/11 pp Bratty / Goodman Ted & noted Sharon Goodman 3/21/11 2:45 4:00 pm on 3/24/2011 Julius Bratty MD.
3/24/2011	4:00 pm	1) PFC Claritin; 2) Start Zyrtec 10 mg po q day X 180 days (KOP); 3) Please enroll in ECC for allergic rhinitis; Julius Bratty MD.
√'d Julie Blanchard 3/25/11 @0305		
5-10-11	0830A	① Bactrim DS ÷ po Bid X 10 d KOP ② IBP 600 mg ÷ po tid prn X 10 d KOP V.O V. Davis FNP / Glenda Dimon LVN noted 5-10-11 Verena Davis APC 5/11/2011 @ 0930 am

Proprietary Information – Not For Distribution – Copyrighted

Property of Corrections Corporation of America

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 3/25/11	**Cetirizine 10mg Tablet** Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY MS	
DISCONTINUE 3/25/12		
43160176		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
			MS Monica Stucklen						

LOCATION

DATE OF BIRTH OR SOC. SEC. NO. 06/18/83

ALLERGIES NO KNOWN DRUG ALLERGY

DIAGNOSIS

INMATE NAME AND NUMBER

FACILITY

CHARTING FOR 12/01/2011 THROUGH 12/31/2011

CCI 000314

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 8/25/11 DISCONTINUE 2/25/12 43160176	**Cetirizine 10mg Tablet** Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY	D. Roth
ORIGINAL ORDER 11-14-11 DISCONTINUE 1-28-11	Bactrim DS po bid X 14d KOP V. Davis FNP	28
ORIGINAL ORDER 11-14-11 DISCONTINUE 11-28-11	motrin 600 mg po tid X 10d V. Davis FNP	30
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. 06/18/83 | ALLERGIES NO KNOWN DRUG ALLERGY | DIAGNOSIS

INMATE NAME AND NUMBER | FACILITY MEDICAL CO CORR FACILITY | CHARTING FOR 11/01/2011 | THROUGH 11/30/2011

CCI 000315

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 8/25/11 DISCONTINUE 2/25/12 43160176	**Cetirizine 10mg Tablet** Brand: ZYRTEC VANESSA DAVIS TAKE ONE TABLET(S) ORALLY ONCE DAILY	KDP #30 9/16/11 KDP 30
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		
ORIGINAL ORDER DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.
06/18/83

ALLERGIES
NO KNOWN DRUG ALLERGY

DIAGNOSIS

INMATE NAME AND NUMBER
PLEASANT REX B0A7 476

FACILITY
HARRELMAN CO CORR FACILITY

CHARTING FOR
10/01/2011

THROUGH
10/31/2011

CCI 000316

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 8/25/11	Zyprexa 10mg po bid x180d	KOP 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE 2/25/12	Davis	& RF Aug; # 3 8
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		
ORIGINAL ORDER		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.

ALLERGIES NKDA

INMATE NAME AND NUMBER Bryant, Ro... B422 4773/3

FACILITY OLCC

CHARTING FOR 9/1/11

THROUGH 9/30/11

DIAGNOSIS

CCI 000317

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 3.24.11 DISCONTINUE 9.24.11	Zyrtec 10mg po 1 q d x 180d Breathing	#30 6/8 #30 K00 10 10
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		
ORIGINAL ORDER / DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
				GO		AP		NO	
								NO	

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.

ALLERGIES NKDA

DIAGNOSIS

INMATE NAME AND NUMBER

FACILITY WCCF

CHARTING FOR 7.1.11 THROUGH 7.31.11

CCI 000318

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 3.24.11	Zyrtec 10mg PO Qd x 180d LH	#30 7/12 KCP dp 30 Renewed 8/25/11
DISCONTINUE 9.24.11		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
LH	Lona Hall								

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.

ALLERGIES NKDA

DIAGNOSIS

INMATE NAME AND NUMBER

FACILITY LCCF

CHARTING FOR 3/11

THROUGH 3/31/11

CCI 000319

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 8/25/11	Zyrtec 10mg PO QD x 180 days	
DISCONTINUE 8/25/12	Dennis MD	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

LOCATION

DATE OF BIRTH OR SOC. SEC. NO.

ALLERGIES NKDA

INMATE NAME AND NUMBER

FACILITY

CHARTING FOR 8-11

THROUGH 8311

DIAGNOSIS

CCI 000320

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 3241	Zyrtec 10g po Q day 9/11 x180d Bradley MD	K 0 P — AP 30
DISCONTINUE 9241		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
				AP	[signature]				[signature]

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. | ALLERGIES NKDA | DIAGNOSIS

INMATE NAME AND NUMBER [illegible] | FACILITY HCCF | CHARTING FOR 6-1-11 | THROUGH 6-30-11

CCI 000321

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
ORIGINAL ORDER 3/21/11	Claritin 10mg po qd x14d	#30 3/21/11
DISCONTINUE 4/4/11	Breitling	DC
ORIGINAL ORDER 3/24/11	Zyrtec 10mg PO QDX 180 Days	KOP
DISCONTINUE 7/24/11	Breitling JB	
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		JB	Julie Branch, RN						

LOCATION: Pleasant-Bee | DATE OF BIRTH OR SOC. SEC. NO.: 3[illegible] | ALLERGIES: NKDA | DIAGNOSIS:

INMATE NAME AND NUMBER: 473420 | FACILITY: ADOC | CHARTING FOR: 3/1/11 | THROUGH: 3/31/11

CCI 000322

MEDICATION ADMINISTRATION RECORD

Facility: .NULL. **6512-** WEST TENN STATE PENIT. MAIN TN **Month:** June 2011 HCCP

Init	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	LORATADINE 10 MG TABS ~CLARITIN~ TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS Prescriber WILLIE,DONALD, FNP Rx#22992697 Order Date 02/25/11 Start Date Stop Date 06/25/11																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

No Known Drug Allergy
Allergies:

06/18/83
473110
DOB/Inmate #:

6512- MAIN
Location:

PLEASANT-BEY, BOAZ
Name:

#3150 REV 4/10

PharmaCorr

CCI 000323

HCCF

MEDICATION ADMINISTRATION RECORD

Facility: NULL **6512-** WEST TENN STATE PENIT. MAIN TN **Month:** May 2011

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	LORATADINE 10 MG TABS ~CLARITIN~ TAKE 1 TAB BY MOUTH DAILY FOR 120 DAYS Prescriber WILLIE,DONALD, FNP Rx#22992697 Order Date 02/25/11 Start Date Stop Date 06/25/11																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

No Known Drug Allergy
Allergies:

06/18/83
473110
DOB/Inmate #:

6512- MAIN
Location:

PLEASANT-BEY, BOAZ
Name:

#3150 REV 4/10

PharmaCorr

CCI 000324

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ORIGINAL ORDER 3/24/11	Zyrtec 10mg po q d x180d. KP																																
DISCONTINUE 9/24/11	Breitling KP																																
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	
ORIGINAL ORDER																																	
DISCONTINUE																																	

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
SB	Sandra Bentley			KP	Kathleen Price				

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. | ALLERGIES: NKDA | DIAGNOSIS

INMATE NAME AND NUMBER: Pleasant-Bey, Boaz #473110 | FACILITY: FCCF | CHARTING FOR: 4/1/11 | THROUGH: 4/30/11

CCI 000325

MEDICATION ADMINISTRATION RECORD

DIAMOND PHARMACY SERVICES
1.800.882.6337 FAX: 724.349.2945

EFFECTIVE DATES	MEDICATIONS	HOUR
ORIGINAL ORDER 3-24-11	Zyprexa 10mg PO Q day	K
DISCONTINUE 4-24-11	Breathing X180d MD	Qp
ORIGINAL ORDER 4/10/11	Bactrim DS ÷ PO bid X 10d ICOP	K
DISCONTINUE 4/20/11	P Davis FNP	Qp
ORIGINAL ORDER 5/1/11	IBP 600mg ÷ PO tid prn X10d ICOP	K
DISCONTINUE 5/20/11	V Davis FNP	Qp
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		
ORIGINAL ORDER		
DISCONTINUE		

HOUR columns: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
		[illegible]	[illegible]			[illegible]	[illegible]	MD	[illegible]

LOCATION | DATE OF BIRTH OR SOC. SEC. NO. | ALLERGIES NKDA | DIAGNOSIS

INMATE/NAME AND NUMBER Plaintiff - Ross 49340 | FACILITY HCCF | CHARTING FOR 5-1-11 | THROUGH 5-31-11

CCI 000326

MEDICATION ADMINISTRATION RECORD

Facility: WTSP-3 **Month:** March 2011

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
X	Claritin 10mg + PO QD x120d.	7A		MS #30																													
	Prescriber Willie Order Date Start Date 2/24/11 Stop Date 6/24/11																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

Allergies: NKDA

6-18-83 DOB/Inmate #:

7 Location:

Pleasant-Bey, Boaz 473110 Name:

#3150 REV 4/10

CCI 000327

Order Form 1206/4 (if 4-part set) or
Order Form 1206/5 (if 5-part set)

PHYSICIAN'S ORDERS

NAME Pleasant-Bey, Boaz 6-18-83
ROOM NO. (ADDRESS) WTSP-3
HOSP. NO. 473110
PHYSICIAN Willie

Drug Allergies NKDA

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
2-24-11 0830	✓ Claritin 10 mg po x 120d ✓ F/u Allergic Sinusitis 90d		
2/24/11 9:30 A	Noted Cancel	DONALD WILLIE F.N.P.	

Form 1206 BRIGGS, Des Moines, IA 50306 (800) 247-2343 www.BriggsCorp.com PRINTED IN U.S.A.

PLEASE! USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

MEDICATION ADMINISTRATION RECORD

Facility: WTSP-3 **Month:** Feb. 2011

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JC	Claritin 10mg PO QDX120d.	7A	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→							
	Prescriber: Willie Order Date: Start Date: 2/24/11 Stop Date: 6/24/11																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																
	Prescriber Order Date Start Date Stop Date																																

Diagnosis:

Allergies: NKDA

DOB/Inmate #: 6/18/83

Location: 7

Name: Pleasant-Bey, Boaz 473110

#3150 REV 4/10

CCI 000329

PHYSICIAN'S ORDERS

NAME Pleasant-Bey, Body 6-18-83
ROOM NO. (ADDRESS) WTSP – Intake
HOSP. NO. 473110
PHYSICIAN Willie

Drug Allergies

Date & Time	Another brand of drug identical in form and content may be dispensed unless checked ☐	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS →	Nurse's Initials
2/16/11 8A			

Initital Intake Orders:

1. Refer immediately to mid-level provider or physician if inmate presents with signs or symptoms of infectious TB disease at intake.
2. CBC
3. Blood Chemistry Profile
4. RPR
5. HIV test
6. PSA if 45 YEARS of AGE OR > 45 YEARS
7. Gonorrhea/Chlamydia culture by urethral swab
8. Clean catch complete UA
9. TB skin test if no verifiable or documented history of positive millimeter reaction or active TB disease
10. Tetanus/diphtheria immunization ages 18 and over if no allergy.

2/16/11 V.O. Don Willie FNP
8A Noted

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION: TTCC

INMATE NAME: Boaz Pleasant Bey TDOC NUMBER: 473110

DATE	TIME	Circle, Check, or Write in the necessary information
4/27/20	2200	S - To housing unit: WD for quarantine assessment.
		☑ Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe): _____
		O - Oral Temperature: 96°
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider.
		BP _____ P _____ R _____ O2Sat _____
		A - Potential for Alteration in Health Maintenance
		P - Patient educated on quarantine procedure. Continue current plan of care.
		☐ Provider contacted:
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted:

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz TDOC NUMBER: 473110

DATE	TIME	Circle, Check, or Write in the necessary information
4.27.2020	0821	S.- To housing unit: WD for quarantine assessment.
		☑ Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe): _____
		O. ~~Oral~~ Temperature: 96.8
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider.
		BP _____ P _____ R _____ O2Sat _____
		A.- Potential for Alteration in Health Maintenance
		P.- Patient educated on quarantine procedure. Continue current plan of care.
		☐ Provider contacted:
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted:
		Regina Hewitt RN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME Saint, James TDOC NUMBER 473110

DATE	TIME	Circle, Check, or Write in the necessary information
		S.- To housing unit WD for quarantine assessment
		☑ Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe): _____
		O.- Oral Temperature: 97.7
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider.
		BP _____ P _____ R _____ O2Sat _____
		A.- Potential for Alteration in Health Maintenance
		P.- Patient educated on quarantine procedure. Continue current plan of care.
		☐ Provider contacted:
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted: Chelsy Litton

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME Boaz Pleasant-Bey TDOC NUMBER: 478110

DATE	TIME	
4/25/20	1500	Circle, Check, or Write in the necessary information

S.- To housing unit: WO for quarantine assessment.

☐ Denies new onset of symptoms

☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills

Cough (describe) _____ Shortness of Breath Difficulty Breathing

Nausea/Vomiting Diarrhea Other (describe) _____

O.- Oral Temperature: 96.5

If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider

BP _____ P _____ R _____ O2Sat _____

A.- Potential for Alteration in Health Maintenance

P.- Patient educated on quarantine procedure. Continue current plan of care.

☐ Provider contacted:

☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____

☐ Orders received and noted:

Connie Crowder Lpn

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Pleasant-Bey, Boaz 473110

DATE TIME Check Check or Write in the necessary information

S - To housing unit WD for quarantine assessment

Denies new onset of symptoms

New onset of the following symptoms (circle all that apply) Headache Fever/Chills

Cough (describe) _____ Shortness of Breath Difficulty Breathing

Nausea/Vomiting Diarrhea Other (describe) _____

O - Oral Temperature: 96.4

If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider.

BP _____ P _____ R _____ O2Sat _____

A - Potential for Alteration in Health Maintenance

P - Patient educated on quarantine procedure. Continue current plan of care.

☐ Provider contacted:

☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____

☐ Orders received and noted

Abby Hmadun 4/25/20 @ 0200

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INMATE NAME Boaz Pleasant Bey TDOC NUMBER 473110

DATE	TIME	Circle, Check, or Write in the necessary information
		S.- To housing unit: WO for quarantine assessment.
		☐ Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply) Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe)
		O - Oral Temperature 96.6
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F., obtain the following and notify provider
		BP _____ P _____ R _____ O2Sat _____
		A.- Potential for Alteration in Health Maintenance
		P.- Patient educated on quarantine procedure Continue current plan of care.
		☐ Provider contacted.
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted:
		Connie Crowder CMA 4/24/20 @ 1620

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION TTCC

INMATE NAME Pleasant-Bey, Boaz TDOC NUMBER 473110

DATE	TIME	Circle, Check, or Write in the necessary information
4/22/20	2100	S.- To housing unit WD for quarantine assessment
		Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe): _____
		O.- Oral Temperature: 97.8
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following and notify provider.
		BP _____ P _____ R _____ O2Sat _____
		A.- Potential for Alteration in Health Maintenance
		P.- Patient educated on quarantine procedure. Continue current plan of care.
		☐ Provider contacted:
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted:

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME: Pleasant - Bey, Boaz TDOC NUMBER: 00473110

DATE	TIME	Circle, Check, or Write in the necessary information
4/20/20	22:19	**S**.- To housing unit: WD for quarantine assessment.
		☒ Denies new onset of symptoms
		☐ New onset of the following symptoms (circle all that apply): Headache Fever/Chills
		Cough (describe): _____ Shortness of Breath Difficulty Breathing
		Nausea/Vomiting Diarrhea Other (describe): _____
		O.- Oral Temperature: 96.8
		If "YES" to any of the above symptoms or oral temperature greater than 100.4° F, obtain the following
		and notify provider.
		BP _____ P _____ R _____ O2Sat _____
		A.- Potential for Alteration in Health Maintenance
		P.- Patient educated on quarantine procedure. Continue current plan of care.
		☐ Provider contacted:
		☐ Via Direct Connect at _____ OR ☐ Call placed at _____ with Return Phone Call at _____
		☐ Orders received and noted:
		Ashley Smith RN

Do Not Write on Back

CCI 000339

TENNESSEE DE[illegible]MENT OF CORRECTIONS
SICK CALL REQUEST
(SOLICITUD POR SERVICIOS DE SALUD)
TTCC
INSTITUTION (INSITUCION)

FOR MEDICA[illegible]TAL HEALTH USE ONLY
DATE RECEIVED:
Time Received:

Print Name (Escriba su Nombre): BoAz Pleasant-Bey Date of Request (fecha de solictud): 4/22/20

ID# 473110 (Fecha de nacimiento): 6/18/83 Date of Birth (Unidad de Vivienda) WD-135 Housing Location

Nature of problem or request (Naturaleza del Problema): Breaking out skin under eyelids. Need Castor oil.

I request to see (Le pido que vea): Medical ☑ Dental ☐ Mental Health ☐

Signature (Firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. DO NOT WRITE BELOW THIS LINE.
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA
(NO ESCRBA DEBAJO DE ESTA LINEA.)

Triaged by: _____ Referred to: (Circle one) Nurse Mid-level Physician MH Dental
Specialty Clinic: _____ Other _____
CR-3793
RAD 1167

4/28/2020 V.t A&D ointment for 90 days 1 tube
already written

L Henson MD
Lorrie Henson, MD

CCI 000340

TENNESSEE DEPARTMENT OF CORRECTION

SICK CALL REQUEST

(SOLICITUD POR SERVICIOS DE SALUD)

TTCC

INSTITUTION (INSTITUCIÓN)

FOR MEDICAL HEALTH USE ONLY
DATE RECEIVED: APR 16
TIME RECEIVED: 0933

Print Name (Escriba su nombre): Boaz Pleasant-Bey Date of request (fecha de solicitud): 4/15/20

TDOC# 473110 (fecha de nacimiento): 6/18/83 Date of Birth (Unidad de Vivienda) WD-125 Housing Location

Nature of problem or request (Naturaleza del problema): The skin under my eyebrows is suddenly cracking and pealing and looks weird. Someone let me use Castor Oil and it helped, but they ran out of it. Can you give me some?

I request to see (Le pido que vea): Medical (Medico) ☑ Dental ☐ Mental Health ☐

Boaz Pleasant-Bey
Signature (firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. *DO NOT WRITE BELOW THIS LINE.*
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA
(NO ESCRIBA DEBAJO DE ESTA LINEA).

Triaged by: _____ Referred to: (Circle one): Nurse Mid-level

CR-3793 (REV) 02/2017

given skin issue will Rx V.i.t A & D ointment use sparingly BID to mid face 4/21/2020 10:22

RDA 1167

Lorrie Henson, MD

CCI 000341

TENNESSEE DEPARTMENT OF CORRECTION

SICK CALL REQUEST

(SOLICITUD POR SERVICIOS DE SALUD)

TTCC

INSTITUTION (INSTITUCIÓN)

FOR MEDICAL HEALTH USE ONLY
DATE RECEIVED: APR 17 2020
TIME RECEIVED: 1341

Print Name (Escriba su nombre): Boaz Pleasant-Bey Date of request (fecha de solicitud): 4/7/20

TDOC# 473110 (fecha de nacimiento): 6/18/83 Date of Birth (Unidad de Vivienda) WD-135A Housing Location

Nature of problem or request (Naturaleza del problema): The skin below my eyebrows is breaking out. Someone let me use some castor oil for a few days that it helped, but it's empty now. I need castor oil.

I request to see (Le pido que vea): Medical (Medico) ☑ Dental ☐ Mental Health ☐

Boaz Pleasant-Bey
Signature (firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. *DO NOT WRITE BELOW THIS LINE.*
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA *(NO ESCRIBA DEBAJO DE ESTA LINEA).*

Triaged by: _____ Referred to: (Circle one): Nurse Mid-level

CR-3793 (REV) 02/2017

See above

RDA 1167

CCI 000342

TENNESSEE DEPARTMENT OF CORRECTION
SICK CALL REQUEST
(SOLICITUD POR SERVICIOS DE SALUD)

FOR MEDICAL HEALTH USE ONLY
DATE RECEIVED: 3-30-20
TIME RECEIVED: 2100

TTCC
INSTITUTION (INSTITUCIÓN)

Print Name (Escriba su nombre): Boaz Pleasant-Bey Date of request (fecha de solicitud): 3/27/20

TDOC# 473110 (fecha de nacimiento): 6/18/83 Date of Birth (Unidad de Vivienda) WD-125A Housing Location

Nature of problem or request (Naturaleza del problema): The skin above my eyes (eyelids) is dry and irritated. Someone let me use A&D ointment and it started to clear up some. Can I have some prescribed?

I request to see (Le pido que vea): Medical (Medico) ☑ Dental ☐ Mental Health ☐

Boaz Pleasant-Bey
Signature (firma)

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX. *DO NOT WRITE BELOW THIS LINE.*
PON ESTA SOLICITUD PARA SER TRATADO POR EL PERSONAL DE SALUD POR LAS CONDICIONES DESCRITAS EN LA CAJA MEDICA
(NO ESCRIBA DEBAJO DE ESTA LINEA).

Triaged by: Carter Referred to: (Circle one): Nurse Mid-level

see top sheet

CR-3793 (REV) 02/2017 RDA 1167

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC

INSTITUTION

INMATE NAME Pleasant-Bey Boaz TDOC NUMBER 473110

DATE	TIME	
3.9.20	1410	S: Patient received as intake from: court release
		O: Patient Health History, CR-2178 completed per protocol
		TDOC and institutional inmate handbook given with instructions provided
		Patient educated on access to healthcare. Patient verbalizes understanding of all instructions and education provided
		Medications ordered / No medications ordered Per intake protocol
		TB screening completed: 6.27.19
		Food handler permit issued per policy requirements
		A: Transfer to TTCC
		P: Intake process to continue per protocol.
		CC due: NA
		MH due: NA
		PHA due: 6.18.20
		Gennie Murray, LPN TTCC
3/11/20	0944 TTCC	INTAKE CHART REVIEWED BY: Kai-L Cobb, FNP MEDICATIONS REVIEWED. NO ISSUES AT THIS TIME. INMATE TO BE SCHEDULED AS PER PROTOCOL COMMENTS/LABS TO BE ORDERED: Ø Kai-L Cobb, FNP
4/21/2020	10:22	Request for skin moisturizer will Rx w/ appointment Lorrie Henson, MD

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP-2

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz TDOC NUMBER: 473110

DATE	TIME	
3-9-20	WTSP-2	S – Chart prepared for outgoing chain to: TTCC.
	1:00A	
		O – Chart sent: yes ✓ no
		MAR sent: yes no ✓
		Meds sent: yes no ✓
		A – Outgoing Chain. Reason for transfer: CRTN
		P – PE up to date: yes ✓ no.
		PPD up to date: yes ✓ no.
		Katrina Hachtel LPN

Do Not Write on Back

Printed or Duplicate as Needed

RDA 1485

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP
INSTITUTION

INMATE NAME: Pleasant Bey Boaz TDOC NUMBER: 473110

DATE	TIME	
2/19/2020	5p/WTSP	S – Transferred from TTCC to WTSP
		O – Record received: Yes ✓ No
		Medication orders: Yes No ✓
		Medication received: Yes No —
		Medication cards defaced: Yes No ✓
		Most recent PE: 10-23-17 PPD: 10-27-19
		HIV teaching date: 10-27-19
		Instruction: Oral Hygiene, HIV, HCV, TB, Sick Call, Medication Times,
		Health Orientation complete: Nurse: Jakisha Nelson LPN
		CR-2178 completed and signed: Yes ✓ No
		A – Routine health screening done for WTSP
		P – Make all appropriate referrals.
		Comments: No referral. Jakisha Nelson LPN
2/19/2020	5p/WTSP	S. Segregation unit checks O. No complaints voiced A. Seg. unit check and healthcare orientation P. Informed of medication times/sick call availability Jakisha Nelson LPN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
10/23/19	1343	S	Inmate refused the Influenza vaccine
		O	No signs of distress noted at this time
		A	Alt in Health Maintenance
		P	Counseled as to benefits of receiving vaccine and risk of not receiving vaccine up to and
			including death. Also intructed to return to clinic on sick call and request vaccine if decision changes.
			Inmate voiced understanding of risk and and instructions to obtain vaccine at a later date. No questions at
			this time, Refusal form signed by inmate.----------
			Catherine DelVecchio LPN
			Nurses Signature

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TTCC
INSTITUTION

INMATE NAME: BoAz Pleasant-Bey TDOC NUMBER: 473110

DATE	TIME	
	S	Inmate requests Influenza vaccine. CDC VIS for 2015-2016 Seasonal Flu Vaccine given to
		Inmate for review. Does not have any questions at this time.
	O	Inmate meets CDC Guidelines for receiving Influenza Vaccine
	A	Potential for alteration in health maintenance.
	P	(2018-2019 formula Lot #0304462IA exp 6/30/19) 0.5cc given IM in
		with 25g 1 in. needle. Inmate instructed to sign up on routine sick call with any side-effects
		of the Flu outlined in the VIS. Inmate voices understanding. Consent form signed.
		Nurses Signature
10/16/18	S	Inmate refused the Influenza vaccine
SB	O	No signs of distress noted at this time
	A	Alt in Health Maintenance
	P	Counseled as to benefits of receiving vaccine and risk of not receiving
		vaccine up to and including death. Also instructed to return to clinic on sick
		call and request vaccine if decision changes. Inmate voiced understanding
		of risk and instructions to obtain vaccine at a later date. No questions at
		this time. Refusal form signed by inmate.
		Nurses Signature

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TENNESSEE DEPARTMENT OF COR TION

PROBLEM ORIENTED - PROGRESS RECORD

TCO

NAME Pleasant-Bey Boaz INMATE NUMBER 473110

DATE	TIME/PLACE	PROB NO	Circle, Check, or Write in the necessary information
4-18-18	1430		pt to TCO denies issues @ this time DCC DMH

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TCIX-M
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz TDOC NUMBER: 473110

DATE	TIME	
4.17.18	TCIXM	Transferred from TCIX on April 18, 2018
clinic	12:42	To TTCC Temp ____ Perm ✓
		Medical ____ Court ____
		Connie Hunter, MRC
		Signature/Title

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TCIX-MAIN
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz TDOC NUMBER: 473110

DATE	TIME	
		ENTRY: PROVIDER CHART REVIEW – INTAKE. Patient received today on Intake at TCIX-Main; chart
		reviewed for: 3/2/18 reception HSA Deanna
		Current Medications: Reviewed (see orders if applicable) (No Current Meds)
		Diagnostic Tests: Reviewed (see orders if applicable) N/A
		Consults Pending: Yes (No) (see orders if applicable)
		Immunizations: (Reviewed) (see orders if applicable) due Tdap - will request
		TB Testing / Screening: 6/17
		Level of Care (LOC): (I) II III IV V
		Mental Health Referral: Yes (No)
		Enrolled in Chronic Care Clinic: Yes (No)
		Date of last CC appointment: N/A **Seen by:** MD PA NP
		F/U: Place in CCC in _____ days (see orders if applicable)
		MD Clinic in _____ days (see orders if applicable)
		PA / NP Clinic in _____ days (see orders if applicable) Thomas M. Kessler Family Medicine Physician Centurion/TN Dept of Corr
3/7/18	2300 (S)	Patient placed in segregation unit.
TCIX	HSA (O)	Review of record and visual screen completed. A&Ox3
		& c/o pain or discomfort @ present.
	(A)	Segregation Room.
	(P)	MAR moved to segregation book. — Jewel Leighton
3-13-18 TCIX	1035 Clinic	S - Not Applicable O - Chart Review for Food Handler Permit A - Not Applicable P - Issued or Denied — Connie Hastings RN

Do Not Write on Back

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

TCIX-M

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz TDOC NUMBER: 473110

DATE	TIME	
3-2-18	1215	(S) Rec'vd pt via intake - Pt for
TCIX	Clinic	HSA placement
		(O) Chart reviewed - visual screening
		done
		(A) HSA placement
		(P) No anticipated problems
		noted c HSA placement
		Jane Blaschka

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX
INSTITUTION

INMATE NAME: Pleasant-Bey Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
10/3/2017	0300	NECX	Inmate refused the Influenza vaccine, and was counselled on the dangers of refusal. A refusal form was signed. The inmate verbalized understanding of signing up for routine sick call if wants to consent to receive the Influenza vaccine.
			Rose Lunceford, RMA Nurses Signature
3-1-18	1330	NECX	Chart prepared for this patient's transfer to TCIX Nancy A Giarrusso, MRA

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NECX CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Pleasant-bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
7/17/17	2015	NECX	Received from WTSP/MCCX to NECX on 7/17/17 via chain
	NECX		1) Health screening done
			2) Reason for transfer is:
			permanent / medical return / (court return) / transit for court/visit
			3) Meds + (-) / MARS + (-) received
			4) Medical record was reviewed with:
			a) no referrals indicated at this time
			b) referral/ referrals made as indicated
			5) Referred to : MD / NP / Psych / Dental / Optometry / (Lab) /
			Chronic Care / Treatment / Medical Records / Other
			6) Reason for referral: Lab ordered 6/23/17 for June Not completed
			Copy order CBC, CMP, FLP, U/A/UDS given to Rowe LPN
			7) Chart reviewed by: [signature] For ASAP draw.
7/18/17	0830	NECX	Medical Record Recieved - Kelly Mawmee
7-19-17	6:30A	NECX	Pt. refused labs ordered 6-25-17. Refusal signed. Cheryl Rowell

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WECX

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

West Tennessee State Penitentiary

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	Court Return Assessment
7/13/17		S	I/M was seen this AM / PM after returning to the facility from court.
WTSP	Site 2	O	I/M presents as A&Ox 3. Thought processes are appropriate & delusional
1200	Infirmary		Speech appears to be appropriate. Tone appears to be appropriate.
			Insight appears to be appropriate Mood appears to be appropriate.
			Affect is euthymic. Behavior is Cooperative. I/M denies
			suicidal/homicidal ideations. Eye contact is good. Memory appear
			to be intact.
		A	I/M returning from Court (6/30/17) which was reset
			post does not know date. I/m in a good place
			regarding reset & Court date
		P	Monitor/Assess as needed.

DNP-BC

Ora Robinson, DNP-BC

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Cag 000384

NECK

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP-2

INSTITUTION

INMATE NAME: Pleasant Bey Boo INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
1/13/21	WTSP-2 7:00p		S. SEGREGATION UNIT CHECKS. O. NO COMPLAINTS VOICED A. SEG. UNIT CHECK AND HEALTHCARE ORIENTATION P. INFORMED OF MEDICATION TIMES/ SICK CALL AVAILABILTIY Elizabeth Watson

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
6-28-17	330pm	s	Transferred from NECX to WTSP crt
S-2	2A19	o	Record received: Yes ✓ No
			Medication orders: Yes No ✓
			Medication received: Yes No ✓
			Medication cards defaced: Yes No ✓
			Most recent PE 6-23-17 PPD: 6-4-17
			Instruction: Oral Hygiene, HIV, HCV, TB, Sick Call, Medication Times,
			Health Orientation complete: Nurse: Elizabeth Watson LPN
			CR 2178 completed and signed: Yes: ✓ No:
		a	Routine Health Screening done for WTSP
		p	Make all appropriate referrals.
			Comments: CBC, CMP, FLP UA/UDS scheduled in June as ordered 6-23-17. — Wanda Howard RN
6-28-17 S-2	330pm		S. SEGREGATION UNIT CHECKS. O. NO COMPLAINTS VOICED A. SEG. UNIT CHECK AND HEALTHCARE ORIENTATION P. INFORMED OF MEDICATION TIMES/ SICK CALL AVAILABILTIY — Wanda Howard RN
6/30/17	0800 WTSP		Out to court. Unable to obtain labs — LaMyra Lpn
7/14/17	0600 site 2		Transferred to NECX/MCX via route. PE/PPD current. NO medication orders. — Betty Hall LPN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

NECC SEGREGATION: UNIT 4, CELL 14
HEALTH SCREENING AND ORIENTATION TO ACCESS
MEDICAL SERVICES COMPLETED.

DATE	TIME/PLACE	PROB NO.	
10/31/16	1419	NECX	
6/16/17	0925	NECX	N/S for PHA ~~please~~, to be rescheduled Rose Runcford, RMA
6/23/17	855	NECX	PHA completed and labs ordered. Sidny Ballard NPC Sidney Ballard, NP-C
6-27-17	8:55 A	NECX	Pt. N/S for labs ordered 6-23-17, Rescheduled for 6-28-17. Chy Revera
6/27/17	1000P	NECX	Medical record to WTSP-Kelly Bawmc

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

MECX

INSTITUTION

13/46

INMATE NAME: Pleasant-Bey Boaz INMATE NUMBER: 473110-

DATE	TIME/PLACE	PROB NO.	
10-28-21	0945	MECX	Inmate refused the Influenza vaccine, and was counselled on the dangers of refusal. A refusal form was signed. The inmate verbalized understanding of signing up for routine sick call if wants to consent to receive the Influenza vaccine.

Nurses Signature

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NECX CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Pleasant-Baye Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
10-3-16		03	Received from MCCX to NECX on 10-3-16 via chain
	NECX		1) Health screening done
			2) Reason for transfer is:
			permanent / medical return / court return / transit for court/visit
			3) Meds + (-) / MARS + (-) received
			4) Medical record was reviewed with:
			a) no referrals indicated at this time
			b) referral/ referrals made as indicated
			5) Referred to : MD / NP / Psych / Dental / Optometry / Lab /
			Chronic Care / Treatment / Medical Records / Other
			6) Reason for referral:
			7) Chart reviewed by: Debbie Ramsey
10-4-16	0730	NECX	Medical record recent from 9/30/16 chain NOT transfer sheet KHJ SMW MC

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

MCCX- (Chain Chart Review)

INMATE NAME: Pleasant-Bey, BOAZ INSTITUTION INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO	
9/26/16	1045am MCCX		REC'D FROM WTSP TO MCCX ON 9-26-16 VIA CHAIN
			1) Health screening done ☑YES ☐NO
			2) Reason for transfer:
			Permanent SPND/Hospital return (Court return) Transit for court
			3) Medication rec'd/returned ☐YES ☑NO MARS rec'd ☐YES ☑NO
			4) Referrals indicated for Medical Provider ☐YES ☑NO
			5) Referrals indicated for Mental Health ☐YES ☑NO
			6) Referrals indicated for Dental ☐YES ☑NO
			7) Referrals indicated for Lab ☐YES ☑NO
			8) Referrals indicated for HIV+ ☐YES ☑NO
			9) Referral indicated for INH/B6 ☐YES ☑NO
			10) TST Current ☐YES ☐NO Date of last TST 6/11/16
			11)Medical record reviewed by: Kim Hamilton RN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP

INSTITUTION

INMATE NAME: Pleasentbey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
9-19-16	3:00pm S-2	s	Transferred from NECX to WTSP
		o	Record received: Yes ✓ No
			Medication orders: Yes ___ No ✓
			Medication received: Yes ___ No ✓
			Medication cards defaced: Yes ___ No ✓
			Most recent PE 6-18-14 PPD: 6-1-16
			Instruction: Oral Hygiene, HIV, HCV, TB, Sick Call, Medication Times,
			Health Orientation complete: Nurse: Jennifer Dickerson LPN
			CR 2178 completed and signed: Yes: ✓ No: ___
		a	Routine Health Screening done for WTSP
		p	Make all appropriate referrals.
			Comments: ø referrals. Wanda Houndsh
9/20/16	0028 WTSP	S	Chart prepared for transfer to NECX/mcx PE+PPD current HDC medication MAE No @ appts noted Lisa Nayer LPN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NECX CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Pleasenbey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
6-8-16	NECX 2320		Received from WTSP to NECX on 6-8-16 via chain
	NECX		1) Health screening done yes
			2) Reason for transfer is:
			permanent / medical return / (court return) / transit for court/visit
			3) Meds + (-) / MARS + (-) received
			4) Medical record was reviewed with:
			a) no referrals indicated at this time
			b) referral/ referrals made as indicated
			5) Referred to : MD / NP / Psych / Dental / Optometry / Lab /
			Chronic Care / Treatment / Medical Records / Other
			6) Reason for referral: PPD - 6-11-16 tx book
			7) Chart reviewed by: Wendy Lee LPN
6/9/16	0910	NECX	Medical record received. Kiel, Shawnee

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7/34

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
11-20-15	1422 NECX		Received from WTSP/MECX to NECX on 11-20-15 via chain
	NECX		1) Health screening done
			2) Reason for transfer is:
			permanent / medical return / (court return) / transit for court/visit
			3) Meds + (-) / MARS + (-) received
			4) Medical record was reviewed with:
			a) no referrals indicated at this time
			b) referral/ referrals made as indicated
			5) Referred to : MD / NP / Psych / Dental / Optometry / Lab /
			Chronic Care / Treatment / Medical Records / Other
			6) Reason for referral:
			7) Chart reviewed by: Amy Bowlin
11-20-15	3:(15:00) 3:00pm	NECX	Chart received in Medical Records. Mistie D Stacy MRA

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD
MCCX-(Chain Chart Review)

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
11/18/15	2350		REC'D FROM WTSP to MCCX on 11/18/15 via chain
	MCCX		1) Health Screening done ☒ YES ☐ NO
			2) Reason for transfer is:
			☐ Permanent ☐ SPND/Hospital Return ☒ Court Return to NECX ☐ Transit for court
			3) Medication rec'd/returned ☐ Yes ☒ No ; MARS rec'd ☐ Yes ☒ No
			4) Referrals indicated for Medical Provider ☐ Yes ☒ No
			5) Referrals indicated for Mental Health ☐ Yes ☒ No
			6) Referrals indicated for Dental ☐ Yes ☒ No
			7) Referrals indicated for Lab ☐ Yes ☒ No
			8) Referral indicated for HIV+ ☐ Yes ☒ No
			9) Referral indicated for INH/B6 ☐ Yes ☒ No
			10) TST Current ☒ Yes ☐ No Date of last TST 6/13/15 0-mm
			11) Medical Record Reviewed by: Allene Lewallen RN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
WTSP

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
11-10-15	5:30pm		Transferred from NECX to WTSP
	S-2		Records received Yes ✓ No
			Medication order Yes No ✓
			Meds received Yes No ✓
			Most recent PE 6-18-15 PPD 6-11-15
			Orientation and health
			Screening completed yes
			Comments: 0 referrals. — Wanda Alexander

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX

INSTITUTION

INMATE NAME: Pleasant-Bly Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
10/8/18	2145 NECX		Inmate has been advised of the potential health consequences of refusing the influenza vaccine. See Refusal of Health Services CR 3894.

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NORTHEAST CORRECTIONAL COMPLEX
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
6/10/15	2010 NECX		Received from WTSP/MCCX to NECX on 6/10/15 via chain
	NECX/CC		1) Health screening done
			2) Reason for transfer is
			permanent / medical return / (court return) / transit for court/visit
			3) Mads + (-) / MARS + (-) received
			4) Medical record was reviewed with
			a) no referrals indicated @ this time
			(b) referral / referrals made as indicated :
			5) Referred to : MD / NP / Psych / Dental / Optometry / Lab /
			Chronic Clinic / (Treatment) / Medical Records / Other
			6) Reason for referral is :
			Tx - PPD due Now - Placed in Tx Book for 6/11/15
			7) Chart reviewed by : Regina Tidelman RN
6/11/15	1230	NECX	VM to medical for TB test placed in Lt. forearm - Sandra Rankin
6/11/15	1020P	NECX	Medical record recvd - Kelly Shawnee
11/9/15	1230P	NECX	Medical records to WTSP - Kelly Shawnee

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NORTHEAST CORRECTIONAL COMPLEX

INMATE NAME: Pleasant Bay INSTITUTION Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
3/24/15	0840	neck	(cont) vs: 98, 74, 18, 126/80, skin color WNL warm + dry Appearance much better today A: Alteration in comfort P: will refer chart to MD ym agrees + verb. understanding ——— Jeff Buck RN —
6/8/15	0035	c2	Chart prepared for transfer to NECX for court return. Ø current orders. PE current. PPD due now. — Ruth Parker RN

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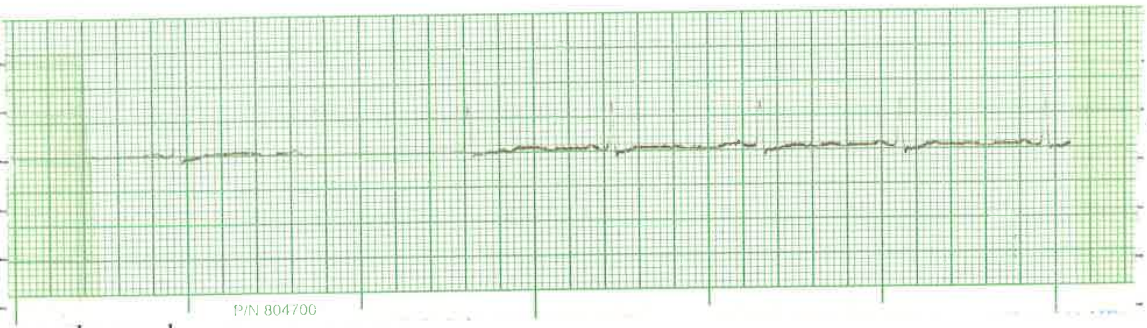
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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD
NORTHEAST CORRECTIONAL COMPLEX

INMATE NAME: Pleasant Bay Boaz INSTITUTION INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
3/23/15			
0910			
	NECK		



CBC, CMP, sed rate drawn # 18 g
IV placed in (R) wrist. NS started @ 150cc/hr
Per order ——— Jenifer Bucker

3/23/15	1330	NECK	Dr. Barnard notified of lab results & new orders ——— Jenifer Bucker
3-23-15	1700	NECK	S: I/M states he is feeling Great and ready to Go back to unit, NO complaints or concerns. Denies Pain O: A/O x4 O2 97% pulse 77, Sitting 123/87 70 Standing 123/81. Res 18, A: Alteration in Comfort. P: Per Dr Barnard, I/M ready to be sent → Unit Casey Palmer RN
3/24/15	0840	NECK	S: I/M to medical C/O feels much better but still feels a little weak O: I/M works in woodplant + is worried that he may not be able to do his job. I/M only C/O weakness since "episode yesterday" (cont)

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX

INMATE NAME: Pleasant Bey, Boaz INSTITUTION INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
10/29/14	1245	am	Inmate has been advised of the potential health consequences of refusing the influenza vaccine. See Refusal of Health Services CR 3894. ——— J. Burk
3/23/15	0830	necx	S: Responded to code 4 unit B. I/m states I fell but O: States started feeling bad yest. I/m c/o very weak denies any pain I/m brought to medical via W/C. VS: 99° 68, 18, 112/63 O² Sat 98%. Blood sugar 137. I/m diaphoretic Denies any drug use sitting 105/67, HR 81 standing 104/76 HR 87. Denies drug use of any kind states I only took Ibuprofen A&O x4 verbally responsive. PEARLA A: Alteration in comfort P: Brought to MD notified I/m placed on Bedside Monitor ——— Amy Buckner
3/23/15	NECX	PH	CR alone noted 2 Days F/C/S + Fever No Cough — No Dyspnea Today Hot Shower → Presyncopal NSR A – Asthenia Probably Viral P – Labs – Fluids – F/U PRN

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TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD
NECX

INAMTE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

Institution Rev. 09/05

DATE:	TIME/ PLACE	PROB. NO.	Visit for PHYSICAL EXAMINATION	DOB: 6/18/83
NECX		CHART REVIEW:		AGE: 31

Last Physical Exam :up to age 49 - Q3yrs, age 50-64 - Q2yrs, age >65 - Q1yr

Date: 2/24/11

Current PPD (within 1 year): Date: 6/2/14 Result: 0 mm
If PPD past positive - Date of last CXR:

LABS

**Inmates up to age 49:
SMAC, CBC, Dipstick U/A or Complete U/A if symptomatic
Date: 2/18/11

Are any labs with abnormal findings? Yes ✓ No ____

Date: 2/18/11 Test: Multi Results: See Labs

Is physician's signature, date, and time recorded on all lab reports?
Yes ✓ No ____

****

**Inmate 50 years of age or older (Inmates 50-64, Q2 yrs; over 65, Q1 yr)

Occult blood screen (Q1-2 yrs): Yes ____ No ____ Date: Result:

SMAC, CBC, Complete U/A (Q1-2 yrs): Yes ____ No ____ Date Obtained:

PSA Q1-2 yrs. (if indicated): Yes ____ No ____ Date Obtained:

Rectal exam (Q1-2 yrs): Yes ____ No ____ Date:

Are any labs with abnormal findings? Yes ____ No ____

Date: Test: Results:

(Optional per MD) EKG: Yes ____ No ✓ Date Obtained:

CHART REVIEW COMPLETED BY: Deborah Smith DATE: 6/17/14

VITAL SIGNS Temp: 98.9 Pulse: 73 Respiration: 16 B/P: 119/80 Weight: 179

TEACHING Subject Reviewed: (ie, Exercise, Weight Control, Smoking Cessation)

Vital Signs and Teaching Completed By: Rebecca Lockhart DATE: 6/18/14

MD/NP NOTE (To include assessment of hearing every 5 years)

6/18/14 NECX 0830

S
O c/D
A - PURPHA Fe
P

Dr. Clement Bernard @ NECX

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Oosart-Bey, Barry INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
10/22/13	2200		Inmate has been advised of the potential health conseqences of refusing the influenza vaccine see Refusal of Health Services CR 1894 Carla Howard Carla Howard, RN
6/19/14	GA		PPD done Dr. Clement Bernard @ NECX

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

NORTHEAST CORRECTIONAL COMPLEX

INSTITUTION

INMATE NAME: Pleasant-bey, Boaz INMATE NUMBER: 473118

DATE	TIME/PLACE	PROB. NO.	
10/13/13	0720	Necx	S: I/M returns to s/c c continued c/o sore throat, cough + headache - states "is worse in am"
			O: A10x4, T96.9, P78, R18, BP108/78 lungs CTA, nasal congestion / cough noted
			A: alert in comfort
			P: issued protocol meds, may flu if s/sx persist — Angela Combs RN
10/16/13	0700	Necx	S: I/m ~~dob~~ seen on s/c RI: meds
			O: Meds ordered 10/13/13
			A: meds
			P: Advised of order — Jennifer Buckner

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

NECX
INSTITUTION

INMATE NAME: Pleasant, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
9-25-13	2330 NECX NECX/CC	2	Received from WCFA to NECX on 9-25-13 via chain 1) Health screening done 2) Reason for transfer is : court permanent / medical return / court return transit for court / visit 3) Meds + (−) / MAR (F) - received 4) Medical record was reviewed with a) no referrals indicated @ this time (b) referral / referrals made as indicated: 5) Referred to: (MD) / NP / Psych / Dental Optometry / Chronic Clinic / Lab / Treatment Medical Records / Other 6) Reason for referral is: need med. order Signal 7) Chart reviewed by: Nancy Rigel RN
9-26-13	0900	NECX	medical records received Tammy McElyea LPN
9/30/13	1005	NECX	I/M no shows for sick call — Stephanie Carmodyna
10/4/13	0845	NECX	n/s for s/c — Angela Lamb RN
10:00	Nurse	10/7/13	N/S for s/c — Lori Phillips
10/11/13	1710	NECX	S: I/m to medical states I have diarrhea + sore throat. O: T. 96.8 P-55 R-18 B/p 110/70 O2 sat 95%. Lungs clear throat red. Diarrhea x 2 today. Skin warm + dry. A: alteration in comfort P: Inst on clear liq. given throat lozenges. Sandra Oliver RN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

Whiteville Correctional Facility

INSTITUTION

INMATE NAME: Pleasant-Bey Baaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
1-23-13	cont	P	See order - Carmella Washington LPN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

Whiteville Correctional Facility
INSTITUTION

ATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

E	TIME/PLACE	PROB NO.	
-13	1532pm	S:	Inmate received via chain bus from HCF. To Medical for Initial Health Screening and Evaluation.
			Inmate verbalizes the following complaints: None / Allergic Sinusitis
		O:	AAOx3. Ambulates without assistance: X Yes ___No. If NO, ambulates with :_____
			CR-3428 Prosthetic Device / Durable Medical Equipment Receipt given to Inmate: ____Yes X No.
			Screened for communicable and infectious diseases. CR-2178 Health Questionnaire completed. Mental
			Health Screening / Inventory completed. CR 3431- Mental Health Referral made: ____Yes X No.
			Inmate oriented to nurse sick call, dental sick call, pill window, KOP window, and grievance procedures.
			Written material given: access to sick call, HIV and AIDS, Hepatitis, MRSA, and proper hygiene.
			Chart reviewed for Major Medical Conditions and current Physician's Orders.
		A:	Initial Health Screening and Evaluation
		P:	Inmate was referred to: MD FNP DDS OD None.
			See Physician Orders for continuation of current orders. Yes ____ No X.
			Inmate verbalizes understanding of instructions and teaching.
			Inmate has been found free of infectious disease and is allowed placement in general population.
			Carmella Washington LPN
	1300	S	to NSC, c/o sinusitis, has been on Zyrtec daily in the past but d/c since March, 2013
		O	nose running, eyes red, watery, itching, clear drainage from nose, afebrile, BP 110/80, P76, R18
		A	pt. in comfort
		P	CTM for symptomatic relief & Advise pt.
	1215p	S	Im for NPC c/o allergic to sinus medicine. Im stated pill made him have bumps with pus in his nose.
		O	P74 BP 120/80
		A	Alleration in Comfort

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Pleasant-Bey Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
5/31/13	1500		Hearing held in my office per security (E) handcuffs & medium custody. (-) Inmate waives CO. VS AF 76.12 12/80 AAOX3 Calm & cooperative NAD
(A) (P)			Pre-seg ✓ familiar with procedure Escorted to seg per security — Lyn Dilick

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
4.29.13	0612 cont.		@ UOF, & cuffs in place
		A	pre seg ✓
		P	familiar c NSC procedure escorted out per security — Jessica Jordan
5.10.13	2306	S	'M to medical per security
		O	A&O X3, @ UOF, & cuffs in place, & distress noted. BP-140/88, P 65 O2 100%, R-18.
		A	pre seg ✓
		P	familiar c NSC procedure escorted out per security — Jessica Jordan

Do Not Write on Back

CR-1884 (Rev. 5-01) Printed or Duplicate as Needed RDA 1100

CaJ 000378

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED -- PROGRESS RECORD

CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Pleasant Bey Beaz NICKA INMATE NUMBER 473110

DATE	TIME/PLACE	PROB NO	
1-4-13	9500A	S	"I need something for constipation"
		O	wt 181.0 T 97.0 P 55 R 18 B/P 132/81 Tm denies N.V.D + HS sale 4 guards.
		A	alteration in elimination need.
		P	Tm advised 2 po fluids and fiber in diet and also advised can purchase fiber supplement off commissary. Tm verbalized understanding. Attended/under
3.10.13	1437	S	1/m to Medical for seg Per security.
		O	A+O x 3. Ambulatory. B/P 149/86 P 94 R 16 T 97.8 Cuffed ∅ circulation compromise noted. ∅ KOP meds. ∅ injury, ∅ UOF.
		A	Seg ✓
		P	NSC explained c 1/m verbalizes understanding. Escorted from medical per security. Jane Doe
3/22/13	1125	S	1/m to medical per security
		O	Agitated Refuses VS. Handcuffs intact CAB BF & 3 seals. Escorted FB ex Defendcuffs. ∅ meds ∅ UOF ∅ injury MAR
		A	Pre-Seg ✓
		P	familiar c NSC procedure Escorted to Seg per security Amy Lucas
5.29.13	0612	S	1/m to medical per security
		O	BP 143/89 P 84 O2 98% R-18, ∅ distress noted

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED PROGRESS RECORD

NICA

INSTITUTION

INMATE NAME: Pleasant Bay NICA INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
2/8/12	1930	S	I/M to medical for security
		O	Back & injuries Rec'd for suicide
			1/8x3. Bil hand cuffs on & 2FB under
			cuffs. Cap. refill WNL. 104/76-80-20
		A	Stay
		P	Informed I/M about NSC. Verbalized
			understanding. Escorted to segregation
			security. Monica Stinnett RN
2/23/2012			Patient here for CMC visit See CN 3024
@ 1030			for details

Vanessa Davis
FNP

8/13/12	1255 pm	S	I/m to medical for segregation
	BP 120/76	O	check after alleged PREA
	T 98		8/8x3. I/m denies any
	P 64	A	injuries & needs & copys
	R 16	P	Segregation check
			20 segregation Del Escort
			Medical Needs
9/11/2012	5:00 pm	S:	29 yr old BM c allergic
			rhinitis
		O:	PE: Gen: WDWN BM in NAD
			AFVSS
			PE: SOB
		A & P:	1) Allergic Rhinitis
			2) See orders.

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Melissa Breitling, M.D.

CR-1884 (Rev. 5-01) Printed or Duplicate as Needed TDA 1400

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

HCCF

INSTITUTION

INMATE NAME: Boaz Pleasant Bay NICOLA INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
10/17/11	0845	HCCF	I/m to medical c/o wd to R knee. I/m states, "I had it a couple of days. I squeezed some clear stuff out. I just wanted to check & make sure I didn't need any antibiotics." Area to R knee is healed. No S/S infection & drainage. Wound d/u. Instructed I/m on purposes of ABD pads & when to RTC. Glenda Simmons LPN
10/31/11	940A	HCCF	I/m was in waiting area for NSC left before being seen. Glenda Simmons LPN
11-14-11	1030 B076 P59 198 W181 R90	S	"I had a sore on my knee and buttock."
		O	I/m c raised area to R buttocks area c white center & drainage noted. I/m has red area to left leg & white center & drainage. Alteration in skin integrity. Consulted c NP see orders. Instructed to keep areas washed c soap/H2O. Wash hands frequently. I/m verbalized understanding. Glenda Simmons LPN

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CR-1884 (Rev. 5-01) *Printed or Duplicate as Needed* RDA 1100

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

CCA - Hardeman County

INSTITUTION

INMATE NAME: Pleasant Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
6-9-11	0925 cont	A P	Cut in comfort. Advised I/M that his vitals were fine, I/M asked to be weighed. He weighed 182 lbs. I/M states that's why I'm not in myself. I have gained 12 lbs. — Kara Rivers, LPN
7/13/11	10A	HEC	I/M scheduled for NSC. I/M called for by medical officer. I/M did not report to medical. — Glenda Inman, LPN
8/29/2011 @ 1020			patient had CCC visit today. See CR3024 for details. — Vanessa Davis FNP
9/21/11	3p	DOCF	Chart reviewed. CR-3239 completed for food handlers permit. — Shawn Fox
9/29/11	940	HEC	I/m to medical c request to see MD for documentation that I/m is allergic to "wool." I/m reports it causes him to sneeze & would like a cot fan replacement. Wool not listed as a allergy. Referred to MD emergency I/m is agreeable to POC — Cindy Lowery

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Pleasant - Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
3/24/2011	3:45p		Please see CR 3624. Melissa Rust LVN
5/10/11	930A	S	"My armpit has a sore and my nose is sore too.
	97.6		
	72	O	T/M c raised area to left
	100		arm area red & drainage noted
	110/72		R side of T/M nose c red
			area slight swelling & drainage
			noted T/M stated it's been
			there several days now.
			A alteration in skin integrity
			P See Order. T/M advised to
			keep areas cleaned c soap/
			H2O wash hands frequently.
			Glenda Simonton
5/12/11	820A	HCCF	T/M scheduled for NSC. T/M
			only wanted to pick up ABIS
			T/M advised to report to pill
			window. T/M verbalized
			understanding - Glenda Simonton
6/9/11	0925	S	c/m on NSC c c/o "Slufton
			tired, dizzy, and not feeling good."
		O	H+O+3 BP-110/68 P-74 R-18 Temp-97.5
			Resp even & unlabored. Skin warm/dry to touch
			HTCR. Lungs clear. NSE & no distress noted

CR-1884 (Rev 5-01) Do Not Write on Back Print or Duplicate as Needed RDA 1100

TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED PROGRESS RECORD

NAME: Pleasant-Berg, Boaz NUMBER: 473110
DOB 6/18/83

S=SUBJECTIVE O=OBJECTIVE A=ASSESSMENT P=PLAN

DATE	TIME	PROB. NO.	
3/21/11	2115	HOCF	Inmate received at Hardeman County Correctional Facility.
			Inmate was/was not oriented to sick call procedures.
			Inmate was/was not oriented to medication call.
			Inmate was/was not oriented to dental sick call and hygiene.
			Dental screening past 6 months. ☒ Yes ☐ No
			Scheduled for dental exam. ☐ Yes ☒ No
			Inmate was/was not screened for MRSA.
			Inmate was/was not oriented to STD/HIV.
			CR-3628 completed. ☒ Yes ☐ No
			Inmate's medical records were/were not reviewed.
			Current medical problems: Allergic sinusitis
	per vomo		Current medications: Claritin
			Last PPD: 2/27/11 0 mm Last Tetanus Toxoid: 2/18/11
			Last History/Physical Exam: 2/24/11
			Last RPR: 2/19/11 ☒ Last G/C: 2/19/11 ☒
			HIV: 2/19/11 ☒
			Comments: New wm. c + med. + Referral. CR3628 c ☒ S/Sx TB. Sprints goods. Reports skin clear & no tact.
			Nurse Signature: Shawn Goodman

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CR-1884

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO	
2-24-11	0830	u.7	S. % Allergic Sinusitis O. See PE A. Schedule f/u P. Closed DONALD WILLIE F.N.P.
3-4-11	2P WTSP-3	47	chart screened for move to open pop. PE/PPD current. Schedule 90 day Flu — Martha Schedule
3/4/11	245 WTSP-3		chart received from unit 7 PE & PPD current schedule f/u appt cfnp 6/2/11 Debb Cunningham RN
3/20/11	2344	C3	To HCCF perm. PE/PPD current. MAR included, meds AOP. F/u Allergies

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WEST TENNESSEE STATE PENITENTIARY

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz INMATE NUMBER: 473110

HIV POST – TEST COUNSELING

DATE	TIME/PLACE	PROB NO
2-24-11	WTSP	800

I have fully explained the implications of the test results to Include the following:

NEGATIVE test results **Date tested:** 2-18-11

1) **Significance of test result window effect**
2) **Avoidance of high risk behavior – precautions**
3) **Advisability of follow-up testing**

POSITIVE test results **Date tested:**

1) **Significance of result....health issues**
2) **Avoidance of high risk behaviors / precautions**
3) **Confidentiality issues**
4) **Housing, job related issues**
5) **Availability of follow-up counseling/support/ treatment**

Health Professional **Title** RN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WEST TENNESSEE STATE PENITENTIARY

INSTITUTION

INMATE NAME Pleasant-Bey, Boaz INMATE NUMBER 473110

HIV PRE – TEST COUNSELING

DATE	TIME PLACE	PROB NO	
2/16/11		S	To clinic for HIV pre-test counseling
		O	HIV education/teaching needed
		A	Knowledge deficit of HIV/AIDS related to disease Transmission, prevention, testing procedures, Treatment and confidentiality.
		P	Information about HIV/AIDS given to inmate on The following: transmission, prevention, testing And confidentiality. HIV/AIDS teaching/counseling on form CR-2742 Complete. Inmate voices understanding and agrees.
2/16/11		S	Inmate to clinic for new intake lab and HIV Testing.
		O	Lab work to be drawn as follows: DNA, RPR, chem. Scan, cbc w/ diff, urinalysis, GC/Chlamydia Urethral Swab. HIV pre-test counseling completed Consent needed/Not needed
		A	Intake lab as required per policy.
		P	Obtain lab – Consent form signed, Inmate Verbalizes understanding and agrees.

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

WTSP-3
INSTITUTION

INMATE NAME Pleasant-Bey, Boaz INMATE NUMBER: 473110

TE	TIME/PLACE	PROB NO	
2/17/11	BL		INMATE RECEIVED VIA CHAIN FROM: Shelby G
			INMATE VOICED NO COMPLAINTS AT THIS TIME. DENIES SIGNS OR SYMPTOMS OF T.B.
			INTRUCTED ON SICK CALL PROCEDURES WITH INMATE VOICING UNDERSTANDING.
			SEE PHYSICIANS CURRENT STANDING ORDER FOR MEDICATIONS OR TREATMENTS. IN TAKE
			PROCESS TO CONTINUE ON: 2/18/11 [illegible]

Do Not Write on Back

HEALTH QUESTIONNAIRE

INMATE NAME: pleasant B-Bey Baz TDOC NUMBER: 473110 DOB: 6/1883

RECEIVING INSTITUTION: TICO DATE: 3/9/22 TIME: 1400 a.m./p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ✓

INQUIRE:

1. Do you have any barriers to learning? ☐ Writing ☒ None
2. ☐ Yes ☐ No
3.
4. ...r other infectious diseases)? H
5.
6.
7. ...ve y... ☐ Yes ☒ No
8. ? ☐ Yes ☐ No
9.
10.
11. ...you

OBS...

1. ...ating):
2. ...s, tattoos, and infestation(s)
3.

TENNESSEE DEPARTMENT OF CORRECTION
FOOD HANDLER'S PERMIT

INSTITUTION: TICO

NAME: Pleasant-Bey Baz NUMBER: 473110 DOB: 6/1883

TYPE OF HEALTH REVIEW: Designate with a check (√) mark.

INITIAL _____ ANNUAL _____ INTERVAL _____

This certifies that the aforementioned inmate has been evaluated and I find no infectious conditions that would prevent his/her handling of food products.

NOTE: This permit is valid for one (1) year unless inmate has an intervening health condition requiring removal from food service assignment

AUTHORIZED BY: _____ DATE: 6/2/22
Health Care Provider Signature/Professional Title

CR-2239 (Rev. 04-11) White-Food Service Manager Canary-Health Services File Pink-Inmate Jobs Coordinator RDA 1100

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 189 of 200 PageID #: 2072

TENNESSEE DEPARTMENT OF CORRECTION

TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant Bey, Boaz Inmate Number (TDOC/IDN): 473110

Inmate DOB: 6-18-83 Sex: ☒ Male ☐ Female

Current Institution/County/Facility: WTSP-2 Receiving Institution/County/Facility: TTCC

Reason for Transfer/Discharge: CRTN

Requires Chronic Illness Monitoring: ☐ Yes ☒ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☒ No

HEALTH HISTORY *Check (√) all conditions present*

☐ HIV/AIDS	☐ Depression	☐ Hernia	☐ Prosthesis *(specify)*
☐ Alcoholism	☐ Diabetes	☐ High Cholesterol	☐ Rheumatoid Arthritis
☐ Anemia	☐ Emphysema	☐ Hypertension	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Suicide Attempt/Gesture/Ideation
☐ Cancer *(specify)*	☐ Heart Disease	☐ Liver Disease	☐ Tuberculosis
☐ Chemical Dependency	☐ Hepatitis C	☐ Multiple Sclerosis	☐ Venereal Disease
☐ COPD	☒ Other *(specify)*: NONE		

MH Diagnosis(s): LOC I

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT *(Circle Y/N)*	AMOUNTS SENT	KOP *(Circle Y/N)*
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Ø current med orders

Brief Summary of Current Problems/Diagnosis(s): see above

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): NKA

Referred to Community Resources: ☐ Yes ☒ No Specify: N/A

TB INFORMATION

TB Clearance ☒ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: 6/27/19 Results: negative Screen only CXR Completed / /

Health Authority Clearance: 6/23/17

Ballard, Sidney — Name | NP-C — Title | 6-23-17 — Date

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No **Dates:**

Is Inmate medically able to travel by BUS, CAR, or VAN?	☒ Yes	☐ No
Does the inmate require medication during transport?	☐ Yes	☒ No
Does the inmate require medical equipment during transport?	☐ Yes	☒ No
Does the inmate have communicable disease clearance to travel?	☒ Yes	☐ No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	☐ Yes	☒ No

Conservator: ☐ Yes (list information below) ☒ No (If no, list Emergency Contact)

Name: Address: Phone:

Report prepared by: Katrina Hachtel, LPN — Health Signature/Professional Title | Katrina Hachtel — 3-9-20 Date

Report prepared by: Mental Health Signature/Professional Title *(if applicable)* — Date

Receiving Institution: Signature/Professional Title — 3-9-20 Date

CR-1895 (Rev. 04-17) Duplicate as Needed RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS/MEDICATION MOVEMENT DOCUMENT

DESTINATION: TTCC

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

	Inmate Name	Number	CHECK ALL THAT APPLY: Health Record	Dental Record	Medication	* Purpose (Indicate A, B, C or D)
1.	Pleasant-Bey, Boaz	473110	☒	☒	☐	A
2.			☐	☐	☐	
3.			☐	☐	☐	
4.			☐	☐	☐	
5.			☐	☐	☐	
6.			☐	☐	☐	
7.			☐	☐	☐	
8.			☐	☐	☐	
9.			☐	☐	☐	
10.			☐	☐	☐	

*** PURPOSE OF RECORDS MOVEMENT:**

A. Permanent Transfer **B.** Temporary Transfer for Clinical Services **C.** Record to Archives **D.** Other (*See Comments*)

Comments: CRTN

*** MEDICAL RECORD CHAIN OF CUSTODY** Sending Institution: WTSP 2

DATE	RELEASED BY	RECEIVED BY	DATE: IF CONTINUING	RELEASED BY	RECEIVED BY
3-21-22	Vanessa Hackett				
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

DATE	RELEASED BY	RECEIVED BY	DATE:	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

**** THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION ****

CR-2176 (Rev. 08-14) RDA 1100

White-Exterior Packet **Canary**-Exterior Packet **Pink**-Inside Records Packet **Goldenrod**-Sending Institution Medical Records Office

TTCC - 6C:14

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-Bey Boaz TDOC NUMBER 473110 DOB 6-18-83

RECEIVING INSTITUTION: WTSP DATE: 2.1920 TIME: 4 a.m./p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: ✓ PERMANENT TRANSFER: _____

INQUIRE:

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing ☒ None
2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☒ No **If yes, describe** _____
4. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?
   ☒ Yes ☐ No **If yes, describe:** dysicm
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
   If yes, describe: _____
6. Are you currently taking any medication(s)? ☒ Yes ☐ No
   If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
   If yes, describe (what used, how much, how often, date of last use, and any problems)
   Cream
7. Have you recently or in the past, abused alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
   If yes, What? _____ **How much?** _____
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
   If yes, when? _____
9. Do you have any allergies? ☐ Yes ☒ No **If yes, describe:** _____

(For women)

10. a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
    c) Have you recently delivered? ☐ Yes ☐ No Date: _____
    d) Are you on birth control pills? ☐ Yes ☐ No
    e) Any gynecological problems? ☐ Yes ☐ No
11. Screening for MRSA Infections:
    a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
    If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
    If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
   ☒ Normal ☐ Abnormal **If abnormal, describe:** _____
2. Skin Assessment (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*
   ☐ Yes ☒ No
   If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No If yes, describe: _____

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 192 of 200 PageID #: 2075

TENNESSEE DEPARTMENT OF CORRECTION

TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey Boaz Inmate Number (TDOC/IDN): 473110

Inmate DOB: 6-18-83 Sex: ☑ Male ☐ Female

Current Institution/County/Facility: TTCC Receiving Institution/County/Facility: WTSP

Reason for Transfer/Discharge: OTC

Requires Chronic Illness Monitoring: ☐ Yes ☑ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☑ No

HEALTH HISTORY *Check (√) all conditions present*

☐ HIV/AIDS	☐ Depression	☐ Hernia	☐ Prosthesis *(specify)*
☐ Alcoholism	☐ Diabetes	☐ High Cholesterol	☐ Rheumatoid Arthritis
☐ Anemia	☐ Emphysema	☐ Hypertension	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Suicide Attempt/Gesture/Ideation
☐ Cancer *(specify)*	☐ Heart Disease	☐ Liver Disease	☐ Tuberculosis
☐ Chemical Dependency	☐ Hepatitis C	☐ Multiple Sclerosis	☐ Venereal Disease
☐ COPD	☐ Other *(specify)*:		

MH Diagnosis(s): LOCI

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT *(Circle Y/N)*	AMOUNTS SENT	KOP *(Circle Y/N)*
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s):

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): NKDA

Referred to Community Resources: ☐ Yes ☐ No Specify:

TB INFORMATION

TB Clearance ☑ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: 6/27/19 Results: Screen Neg CXR Completed / /

Health Authority Clearance: 6/23/17

Sidney Ballard (Name) | NP-C (Title) | 6-23-17 (Date)

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☑ No **Dates:**

Is Inmate medically able to travel by BUS, CAR, or VAN?	☑ Yes	☐ No
Does the inmate require medication during transport?	☐ Yes	☑ No
Does the inmate require medical equipment during transport?	☐ Yes	☑ No
Does the inmate have communicable disease clearance to travel?	☑ Yes	☐ No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	☑ Yes	☐ No

Conservator: ☐ Yes (list information below) ☐ No (If no, list Emergency Contact)

Name: Address: Phone:

Report prepared by: Rachel Nunn RN (Health Signature/Professional Title) | 2-19-2020 (Date)

Report prepared by: (Mental Health Signature/Professional Title *(if applicable)*) | (Date)

Receiving Institution: Tarisha Nelson LPN (Signature/Professional Title) | 2/19/2020 (Date)

CR-1895 (Rev. 04-17) Duplicate as Needed RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES

INSTITUTION TTCC

Date 6/27/ 20 17 Time 0930 AM/PM

This is to certify that I Boaz Pleasant-Bey (Inmate's Name) 473110 (TDOC Number)
have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

Hep C Testing

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: X (Inmate)	473110 (TDOC number)		6/27/19 (Date)
Witness: Cg Eden (Signature)	RN (Title)		6/27/19 (Date)
Witness: (Signature)	(Title)		(Date)

The above information has been read and explained to,

(Inmate's Name) (TDOC number) but has refused to sign the form.

Witness: (Signature)	(Title)	(Date)
Witness: (Signature)	(Title)	(Date)

CR-1984 (Rev. 4-00) **Original** – Health Record Canary - File RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

CONSENT / REFUSAL OF INFLUENZA VACCINE

TTCC
INSTITUTION

Name: Pleasant - Bey Boaz TOMIS#: 473110 Date of Birth: 6/18/83
Last First Middle

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past after receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience mild side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed mild, moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from the clinical service staff as soon as possible.

Date: 10·23·19 Time: _____ _____
(Signature of Patient)

Witness: _____ _____ _____
Professional Title Date

☑ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution' sick call procedure.

Date: 10·23·19 Time: 0155 _____
(Signature of Patient)

Witness: A. Clark AW Clerk 10/23/19
Professional Title Date

Witness: Catherine DelVecchio _____ 10/23/19
Professional Title Date

CR-3894 Duplicate as Needed RDA 1458

TENNESSEE DEPARTMENT OF CORRECTION

CONSENT / REFUSAL OF INFLUENZA VACCINE A205

TTCC
INSTITUTION

Name Pleasant Rey Booz TOMIS#: 473110 Date of Birth: 6/18/83
Last First Middle

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past after receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience mild side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed mild, moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from the clinical service staff as soon as possible.

Date: _____ Time: _____ _____
(Signature of Patient)

Witness: _____ _____ _____
Professional Title Date

☑ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution' sick call procedure.

Date: 10/18/18 Time: 9:00AM Booz
(Signature of Patient)

Witness: _____ LRN 10/18/18
Professional Title Date

Witness: _____ _____ _____
Professional Title Date

CR-3894 Duplicate as Needed RDA 1458

CCI 000397

Trousdale Turner Correctional Center (TTCC)

INMATE REQUEST FORM

Attachment 20-110A

TO: Medical DEPT: Medical DATE: 8-1-18

REQUEST: I RECIEVED AN Application from the halfway house And they NEED A copy of my T.B. skin test history. CAN you please MAKE ME A copy And send it to ME OR HAVE ME come down to MEDICAL to get it.

Antwanne Fuqua | 479310 | CA-121

INMATE NAME (PRINT NAME) | NUMBER | HOUSING ASSIGNMENT

RESPONSE: Brought records Release Form to Pod and gave to inmate

L. Miller, RN | 8.3.18

STAFF SIGNATURE | DATE

(Rev. 4/02)

White - Original - Responding Staff
Yellow - Inmate Copy

700113-2234

TCIX 2nd
NE CX 1st

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-Bey Boaz TDOC NUMBER 473110 DOB 6/18/83

RECEIVING INSTITUTION: TROUSDALE TURNER CORRECTIONAL DATE: 4/18/18 TIME: 1410 a.m. p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ✓

INQUIRE:

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing
2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe N/A
4. Are you being treated for any illness or health problem (*including dental, venereal disease, or other infectious diseases*)?
   ☐ Yes ☒ No If yes, describe: N/A
5. Do you have any physical, mental or dental complaints at this time? ☒ Yes ☐ No
   If yes, describe: allergies (seasonal)
6. Are you currently taking any medication(s)? ☐ Yes ☒ No
   If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
   If yes, describe (what used, how much, how often, date of last use, and any problems) N/A
7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
   If yes, when? N/A
9. Do you have any allergies? ☐ Yes ☒ No If yes, describe: pollen NKDA

(For women)

10. a) LMP _____ b) Are you pregnant? ☐ Yes X No Number of months _____
    c) Have you recently delivered? ☐ Yes X No Date: _____
    d) Are you on birth control pills? ☐ Yes X No
    e) Any gynecological problems? ☐ Yes X No
11. Screening for MRSA Infections:
    a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
    If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
    If yes, where are these lesions? N/A

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
   ☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (*including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)*
   ☒ Yes ☐ No
   If yes, describe: tattoos
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No

Case 3:22-cv-00093 Document 33-15 Filed 05/04/22 Page 198 of 200 PageID #: 1031

TENNESSEE DEPARTMENT OF CORRECTION

TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz Inmate Number (TDOC/IDN): 473110

Inmate DOB: 6.18.83 Sex: ☒ Male ☐ Female

Current Institution/County/Facility: TCIX-M Receiving Institution/County/Facility: TTCC

Reason for Transfer/Discharge: perm

Requires Chronic Illness Monitoring: ☐ Yes ☐ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☐ No

HEALTH HISTORY *Check (√) all conditions present*

☐ HIV/AIDS	☐ Depression	☐ Hernia	☐ Prosthesis *(specify)*
☐ Alcoholism	☐ Diabetes	☐ High Cholesterol	☐ Rheumatoid Arthritis
☐ Anemia	☐ Emphysema	☐ Hypertension	☐ Stroke
☐ Asthma	☐ Epilepsy	☐ Kidney Disease	☐ Suicide Attempt/Gesture/Ideation
☐ Cancer *(specify)*	☐ Heart Disease	☐ Liver Disease	☐ Tuberculosis
☐ Chemical Dependency	☐ Hepatitis C	☐ Multiple Sclerosis	☐ Venereal Disease
☐ COPD	☐ Other *(specify)*:		

MH Diagnosis(s):

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT *(Circle Y/N)*	AMOUNTS SENT	KOP *(Circle Y/N)*
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s):

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): NKDA

Referred to Community Resources: ☐ Yes ☐ No Specify:

TB INFORMATION

TB Clearance ☒ Y ☐ N; BCG ☐ Y ☒ No; PPD Completed: 6/5/17 Results: 0 CXR Completed NA / /

Health Authority Clearance: NA / /

NA	NA	NA
Name	Title	Date

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No **Dates:**

Is Inmate medically able to travel by BUS, CAR, or VAN?	☒ Yes	☐ No
Does the inmate require medication during transport?	☐ Yes	☒ No
Does the inmate require medical equipment during transport?	☒ Yes	☐ No
Does the inmate have communicable disease clearance to travel?	☒ Yes	☐ No
Is the Transport Officer required to use universal precautions and the use of masks or gloves?	☐ Yes	☒ No

Conservator: ☐ Yes (list information below) ☒ No (If no, list Emergency Contact)

Name: None listed Address: NA Phone: NA

Report prepared by: J Brewer RN 4/18/18

Health Signature/Professional Title Date

Report prepared by:

Mental Health Signature/Professional Title *(if applicable)* Date

Receiving Institution: 4-18-18

Signature/Professional Title Date

CR-1895 (Rev. 04-17) Duplicate as Needed RDA 1458

AM Chain

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS/MEDICATION MOVEMENT DOCUMENT

DESTINATION: TTCC

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

	Inmate Name	Number	CHECK ALL THAT APPLY: Health Record	Dental Record	Medication	* Purpose (Indicate A, B, C or D)
1.	Pleasant-Bey, Boaz	473110	☒	☒	☐	A
2.			☐	☐	☐	
3.			☐	☐	☐	
4.			☐	☐	☐	
5.			☐	☐	☐	
6.			☐	☐	☐	
7.			☐	☐	☐	
8.			☐	☐	☐	
9.			☐	☐	☐	
10.			☐	☐	☐	

*** PURPOSE OF RECORDS MOVEMENT:**

(A.) Permanent Transfer **B.** Temporary Transfer for Clinical Services **C.** Record to Archives **D.** Other (*See Comments*)

Comments: _____

*** MEDICAL RECORD CHAIN OF CUSTODY** Sending Institution: TCIX-M

DATE	RELEASED BY	RECEIVED BY	DATE: IF CONTINUING	RELEASED BY	RECEIVED BY
4/18/18	[illegible]				
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	[illegible]				
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

DATE	RELEASED BY	RECEIVED BY	DATE:	RELEASED BY	RECEIVED BY
	CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE		CLINICAL SERVICES SIGNATURE	TRANSPORT OFFICER SIGNATURE
	NAME & TITLE (PRINT)	NAME & TITLE (PRINT)		NAME & TITLE (PRINT)	NAME & TITLE (PRINT)

***** THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION *****

CR-2176 (Rev. 08-14) RDA 1100

White-Exterior Packet **Canary**-Exterior Packet **Pink**-Inside Records Packet **Goldenrod**-Sending Institution Medical Records Office